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Townsville, AR 84321 USA

Phone 555-543-5432

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GENERAL
HEALTH CARE

2345 Commerical Drive
Mattsville, SD 54326 USA

Phone 555-843-9465

Fax 555-843-5887



Franklin R. Carrington
5624 Willow Ridge Rd
Crow River, AR 88765

Mr. Carrington,

As of May 1, 2008 our Employee Insurance Company will be renewing our policies, and upgrading any changes.

Please look over the enclosed form to make sure the filled in information is correct and fill in all other questions to complete the form.

If we do not receive this form back by April 20, 2008 your policy will remain instate as you prepared for the last year including as follows

- Medical Employee Only
- Dental Employee Only
- Vision Employee Only
- 25,000 Life Insurance

Please contact our office if you have any questions.

Thank you,

A handwritten signature in black ink that reads "Sally James". The signature is fluid and cursive.

Sally James
General Health Care



GENERAL HEALTH CARE

Employee Enrollment Form

Groups with 21-51 Employees

Group Name/Number	1234567890
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To speed the enrollment process, please be thorough and fill out and verify all sections that apply.

To Be Completed by Employer		Requested Effective Date of Coverage/Date of Change / /	
Date of Hire	10 / 05 / 92	Reason for Application	Employee Type
Position/Title	Sales Manager	<input type="checkbox"/> New Group Plan	(Check all that apply)
Hours Worked per week	40+	<input type="checkbox"/> Life Event/Date	<input type="checkbox"/> Active <input type="checkbox"/> COBRA/State Continuation
Salary \$	Require only if life Plan based on salary	<input type="checkbox"/> Status Change	<input type="checkbox"/> Hourly
		<input type="checkbox"/> Dependent Add/Delete	<input type="checkbox"/> Union
		<input type="checkbox"/> Change Name/Address	<input type="checkbox"/> Salary
		<input type="checkbox"/> Other	<input type="checkbox"/> Other
		<input type="checkbox"/> New Hire	
		<input type="checkbox"/> Annual	
		<input type="checkbox"/> Open Enrollment	
		<input type="checkbox"/> Late Enrollee	

A. Employee Information							
Last Name	First Name	MI	Social Security Number	Home Phone	902-456-1212	Work Phone	902-545-3232
Carrington	Franklin	R	123-45-6789				
Address 5624 Willow Ridge Rd City Crow River State AR Zip Code 88765				Email Address 123-45-6789			
Date of Birth	6/27/51	Sex	M	Height	Weight	Physician	Used Tobacco in the last 12 months
Marital	<input type="checkbox"/> Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Language preference if not English					

B. Family Information			List All Enrolling (Attach sheet if necessary)						
Last Name	First Name	MI	Sex	Relationship	Birthdate	Height	Weight	Full Time Student	Physician
			M	Spouse					
			F						
			M	Dependent				<input type="checkbox"/> Yes	
			F					<input type="checkbox"/> No	
			M	Dependent				<input type="checkbox"/> Yes	
			F					<input type="checkbox"/> No	
			M	Dependent				<input type="checkbox"/> Yes	
			F					<input type="checkbox"/> No	

C. Product Selection			Please check all that apply. Benefit offerings are dependent upon employer selection					
Person	Medical	Dental	Vision	Life/Amount	Sup Life	Sup AD&D	STD	Dual Option Plan
Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Employee Signature _____ Date _____