Product and Benefit Selection Form
For Small Business

1. Medical Plan Selection

☐ Single Option — Plan Code _____

☐ Dual Option — Base Plan Code _____ Buy Up Plan Code_____

2. Deductible Type ☐ Calendar Year ☐ Policy Year

3. Billing Type

☐ Paper ☐ Online Only/Ebill ☐ Electronic Funds Transfer

4. Please indicate RX Plan

☐ JB	10/30/50 No Deductible	☐ JC	10/30/50 $100 Deductible
☐ JD	15/35/60 No Deductible	☐ JE	15/35/60 $100 Deductible
☐ JF	15/40/70 No Deductible	☐ JG	15/40/70 $250 Deductible
☐ JH	20/45/75 No Deductible	☐ JI	20/45/75 $250 Deductible

☐ Other RX:_____

5. Dental Plan ☐ Plan Code_____ ☐ Not elected

6. Vision Plan ☐ Plan Code_____ ☐ Not elected

7. Basic Life Amount

Employee

☐ Flat Amounts $_____

☐ 1X Salary

☐ 2X Salary

Dependent

☐ Spouse $_____

☐ Child(ren) $_____

* Please indicate salary amount on enrollment form for each employee for multiple of salary life

8. Supplemental Coverage(s)

Life/AD&D $_____ STD/LTD _____ (Indicate plan codes)

* Complete addendum to Employer Application for Supplemental Life and Disability Lines of Coverage

** Life/AD&D applies to groups with over 10 eligibles, max amount is $100,000.00.

*** Supplemental Life must be sold with Basic Life.

**** Please indicate salary amount on enrollment form for each employee for disability and multiple of salary life

9. Optional State Rider Selection

☐ Yes	☐ No	Serious Mental Illness
☐ Yes	☐ No	Home Health
☐ Yes	☐ No	In-Vitro Fertilization
☐ Yes	☐ No	Speech & Hearing

***Texas Plans Only

9. Optum Health HSA ☐ Yes ☐ No

10. United Benefit Services HRA ☐ Yes ☐ No

11. Other Comments:

TEXAS INSURANCE LAWS REQUIRE ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN TEXAS TO SMALL EMPLOYERS OF 2-50 EMPLOYEES INCLUDING A BASIC OR STANDARD HEALTH BENEFIT, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.

Please note that if you intentionally or fraudulently leave out certain information or misrepresent information, we may terminate or not renew your coverage or we may change your premium.

Employer Signature	Group Name	Effective Date

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