Product and Benefit Selection Form

For Small Business

1. ☐ Single Option — Plan Code _____
☐ Dual Option — Base Plan Code _____ Buy Up Plan Code_____
☐ Multi Site — List all other locations: _____
☐ Policy Year
☐ Calendar Year

2. Please Indicate RX Plan:
☐ H9 10/30/50 No Deductible
☐ G4 10/30/50 $100 Deductible
☐ S8 10/30/50 $250 Deductible
☐ 2V 10/35/60 No Deductible
☐ Other RX: _____

3. Please indicate Dental Plan
☐ PPO Dental Plan – Plan Code_____
☐ Indemnity Dental Plan – Plan Code_____
☐ Voluntary Dental Plan - Plan Code_____
☐ Vision Plan Code _____

4. Life Amount(s)

Employee
☐ Flat Amounts$_____
☐ 1X Salary
☐ 2X Salary

Dependent
☐ Spouse $_____
☐ Child(ren) $_____

****Please indicate salary amount on enrollment form for each employee for 1 or 2Xs salary**

5. Supplemental Coverage(s)
Life/AD&D $_____ STD/LTD $_____

*****Life/AD&D applies to group sizes 10-50, max amount is $100,000.00**

6. 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**

7. 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	Title	Date