

RETURN TO MERITAS HUMAN RESOURCES DEPARTMENT

Name of Employer North Kansas City Hospital		Location/Division Meritas Health Corporation		Bill Group 000001
Supplemental Life #FXL969166	Voluntary AD&D #OK970620	Voluntary LTD #VDT962962	Voluntary STD #VDT962960	

Application Type:

- Initial Eligibility/New Hire
- Approved Annual Enrollment

HR USE ONLY	
Hourly Rate:	Scheduled Hours:

Employee/Member Information – Always complete employee information, spouse only if applying for spouse coverage

Employee Name		Employee SSN	Employee Number	Date of Hire
Spouse Name		Spouse SSN		DOB

Coverage	Enroll or Decline ¹	Amount Applied For	HR USE ONLY: Benefit Amount	Monthly Premium
Group Term Supplemental Life: Employee²	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline	<input type="checkbox"/> 5 Times Earnings <input type="checkbox"/> 4 Times Earnings <input type="checkbox"/> 3 Times Earnings <input type="checkbox"/> 2 Times Earnings <input type="checkbox"/> 1 Times Earnings		See Premium Table
Group Term Life: Spouse	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline	<input type="checkbox"/> \$150,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____		See Premium Table
Group Term Life: Dep. Children³	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000		See Premium Table
Voluntary AD&D: Employee	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline	<input type="checkbox"/> 5 Times Earnings <input type="checkbox"/> 4 Times Earnings <input type="checkbox"/> 3 Times Earnings <input type="checkbox"/> 2 Times Earnings <input type="checkbox"/> 1 Times Earnings		See Premium Table
Voluntary AD&D: Spouse	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline	<input type="checkbox"/> \$150,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 Other \$ _____		See Premium Table
Voluntary AD&D: Dep. Child(ren)	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000		See Premium Table
Voluntary LTD: Employee	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline	60% of Earnings		See Premium Table
Voluntary STD: Employee	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline	60% of Earnings		See Premium Table

¹"Earnings" as used above refers to "Covered Earnings" as defined in the applicable Policy.

²Enroll" authorizes employer to payroll deduct premiums. ³ Statement of Health may be required. ³ Coverage subject to election of employee coverage.

X _____ Employee's Signature (required)	_____ Date
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