



MT. VERNON

COMMUNITY SCHOOL CORPORATION

Qualifying Event Insurance Enrollment

Name: _____

Date of Event: _____

<u>Reason</u>	<u>Documentation Necessary</u>
_____ Loss of Coverage	_____ Letter or Certificate of Creditable Coverage
_____ Change in Employment	_____ Verification from spouse's new employer/insurer
_____ Marriage/Divorce	_____ Marriage License/Divorce Decree
_____ Birth/Adoption	_____ Birth Certificate/Adoption Paperwork

You will have 31 days from the event date in which to enroll in medical, dental, and vision.

Please check with plan(s) you wish to enroll.

Health

<u>Plan 1</u>	
26 - Pay	
_____ Single	\$ 68.78
_____ Employee + Spouse	\$ 196.92
_____ Employee + Children	\$ 167.38
_____ Family	\$ 315.07

<u>Plan 2</u>	
_____ Single	\$ 41.12
_____ Employee + Spouse	\$ 137.53
_____ Employee + Children	\$ 116.90
_____ Family	\$ 220.05

<u>Plan 3</u>	
_____ Single	\$ 22.58
_____ Employee + Spouse	\$ 54.40
_____ Employee + Children	\$ 46.24
_____ Family	\$ 87.04

Plan 4	
_____ Single	\$ 9.23
_____ Employee + Spouse	\$ 18.46
_____ Employee + Children	\$ 114.69
_____ Family	\$ 215.88

<u>Plan 1</u>	
20 - Pay	
_____ Single	\$ 89.41
_____ Employee + Spouse	\$ 255.99
_____ Employee + Children	\$ 217.59
_____ Family	\$ 409.58

<u>Plan 2</u>	
_____ Single	\$ 53.45
_____ Employee + Spouse	\$ 178.79
_____ Employee + Children	\$ 151.97
_____ Family	\$ 286.07

<u>Plan 3</u>	
_____ Single	\$ 29.36
_____ Employee + Spouse	\$ 70.72
_____ Employee + Children	\$ 60.11
_____ Family	\$ 113.15

Plan 4	
_____ Single	\$ 12.00
_____ Employee + Spouse	\$ 24.00
_____ Employee + Children	\$ 149.09
_____ Family	\$ 280.65

Dental
_____ Single \$ 1.00
_____ Family \$ 1.00

 Vision
_____ Single \$ 1.00
_____ Family \$ 1.00

See back for dependent information needed

<u>Dependents</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Date

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