

2-50 EMPLOYEE APPLICATION

Employee Waives Health – Electing Life Only coverage

1. Section A – Check box “Health through Consumers Life Insurance Company”
2. Section B – Check box for reason they are waiving. Complete questions as needed.
3. Section C – Complete and Authorize by signature.
4. Complete sections 1 & 7

Employee Waives coverage for Dependents

1. Section A – Check bottom box and list name(s) of dependents
2. Section C – Complete and Authorize by signature. Add SSN of spouse if applicable.
3. Complete rest of application. Answer all questions for **only those** enrolling in the Health Plan.

Notes: *Things that hold up processing*

- Section 1 Must have Occupation/Job Title and Full Time Date of Hire
- Section 3 Please provide SSN of all enrollees.
20+ Employees: The Height(s) & Weight(s) must be completed.
- Section 4 First (2) questions are for recording the date your most recent or current coverage began and when it will terminate. Mark the box if you have not had prior insurance. The next questions are regarding Coordination of Benefits. This is to be completed only if they are keeping a policy in effect for themselves or a dependent they are covering.
- Section 5 Answer all questions for **only those** enrolling in the Health Plan.
2-19 Employees: The Height(s) & Weight(s) must be completed.

2-19 Employees:

- 5A Be aware that #33 & #41 require (3)dates & readings.
- 5C The more details provided, the better chance for a lower tier rating.
Please list all dates of treatments, dosage, frequency, prognosis, etc...
Remember: A Diagnosis comes from a Medical Provider.

20+ Employees:

- 5A - C The more details provided, the better chance for a lower tier rating.
Please list all dates of treatments, dosage, frequency, prognosis, etc...
Remember: A Diagnosis comes from a Medical Provider.
- Section 7 Need spousal signature if taking coverage.

If you have any questions, don't hesitate to call.

* If you use a highlighter on paperwork, use only **YELLOW**.