

# Employee Enrollment Card



601 Poydras Street  
New Orleans, LA



8310 Clinton Park Drive  
Fort Wayne, IN 46825

Name of Employer	Employment Date	Effective Date
Name of Insured	Date of Birth	Annual Maximum <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	<input type="checkbox"/> Employee <input type="checkbox"/> Retiree	<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Board Member Group #
Spouse's Name	Date of Birth	Dependent Name      Date of Birth
Dependent Name	Date of Birth	Dependent Name      Date of Birth
Dependent Name	Date of Birth	Dependent Name      Date of Birth
Primary Beneficiary for AD&D	Relationship	
Contingent Beneficiary for AD&D	Relationship	Data Input in Lx
<p>I certify that my eligible dependents and I are covered by a Base Health Plan as defined in the Employer's Participation Agreement and I hereby request to be insured under the group policy (ies) issued.</p> <p>_____</p> <p style="text-align: center;">Date <span style="margin-left: 200px;">Signature</span></p>		

BeniComp *Select* Benefits will be administered in accordance with the Base Health Plan. The Base Health Plan must have minimum benefits as follows:

- \$1,000,000 lifetime maximum per person; subject to:
- an annual deductible not to exceed \$5,000 per person; and
- a maximum out of pocket per individual not to exceed \$ 10,000

Eligible major medical charges must include semi-private room and board (in full), and extended care (in full). The Base Health Plan must provide coverage for usual, customary and reasonable charges for all professional services and supplies.

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.