Employee Enrollment Card

601 Poydras Street
New Orleans, LA 70130

Administered by: [Benicomp Group, 8310 Clinton Park Drive, Fort Wayne, IN 46825]

Name of Employer		Employment Date	Effective Date Annual Maximum
Name of Insured		Date of Birth	☐Male ☐Female
Social Security Number	☐Employee ☐Retiree	☐Surviving Spouse ☐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

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.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

_____ _____

Date Signature

[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.