

Employee Enrollment Card



601 Poydras Street
New Orleans, LA 70130



8310 Clinton Park Drive
Fort Wayne, IN 46825

Name of Employer		Employment Date	Effective Date
Name of Insured		Date of Birth	Annual Maximum
Social Security Number		<input type="checkbox"/> Employee <input type="checkbox"/> Retiree	<input type="checkbox"/> Male <input type="checkbox"/> Female Group #
Spouse's Name		Date of Birth	<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Board Member
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	Dependent Name Date of Birth
Primary Beneficiary for AD&D		Relationship	
Contingent Beneficiary for AD&D		Relationship	Data Input in Lx

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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.

_____ _____
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.