

Mallory and Evans Inc. Benefits Enrollment Form

*Note - If waiving ALL coverages for yourself and dependents, complete name, SSN, circle waive for all coverages and sign at bottom.

Company: (Circle One) **Mallory & Evans Inc.** OR **Mallory & Evans Service Co.** **Employee Name:** _____

SSN: _____ **Date of Hire:** _____ **DOB:** _____

Phone #: _____ **Address:** _____

Job Title: _____

Gender: (Circle One) **Work Hours/Week:** _____ **Salary:** \$ _____ per _____ (frequency) **Marital Status:** _____
 M or F

Medical Plan Options: Please Circle One Under Base or Buy-Up Plan

Base Plan	Payroll Deduction	Buy-Up Plan	Payroll Deduction
Single	\$54.00	Single	\$69.00
Employee + Spouse	\$105.00	Employee + Spouse	\$231.00
Employee + Child(ren)	\$96.00	Employee + Child(ren)	\$219.00
Family	\$150.00	Family	\$290.00
Waive	\$0.00	Waive	\$0.00

Dental Plan Options: Please Circle One

Vision Plan: Please Circle One

	Dental Plan Options	Vision Plan Options	
Single	\$0.00	Single	\$0.00
Employee + Spouse	\$0.00	Employee + Spouse	\$0.00
Employee + Child(ren)	\$0.00	Employee + Child(ren)	\$0.00
Family	\$0.00	Family	\$0.00
Waive	\$0.00	Waive	\$0.00

*Premium included with medical

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Life/AD&D/STD and LTD (Employee Only):
***Note: Life & AD&D is Minimum of \$50,000 to Maximum of \$100,000 Based on 1 * Salary**

Beneficiary Info:
Name: _____
Address: _____

SS #: _____
Relation: _____

Voluntary Spouse Life/AD&D: Please Circle One if Electing

Voluntary Child Life/AD&D: Please Circle One if Electing

Spouse Voluntary Life/AD&D		Child Voluntary Life/AD&D	
\$20,000	\$5.20/Month	\$100 (14 days to 6 months)/child \$5000 (6 months to age 19 or 23 if full-time student)/child	Included with Spouse Premium

Beneficiary Info:
Name: _____
Address: _____

SS #: _____
Relation: _____

Beneficiary Info:
Name: _____
Address: _____

SS #: _____
Relation: _____

Please complete below information for all covered dependents.

Dependent	Name	SS#	Gender	DOB
Spouse/Domestic Partner:				
Child #1:				
Child #2:				
Child #3:				
Child #4:				

Signature: _____ **Date:** _____

(If you have any questions, please contact **Benefits Advisory Group** at 770.859.0189)