

# Minimum Essential Coverage & Major Medical Enrollment Form

– Group Name: Focus Workforce Management, Inc.

## Employee Enrollee Information

First Name	Last Name	Date of Birth
Social Security #	Phone #	Sex (Circle one) Male or Female
Street Address	City/State	Zip Code

## Medical Coverage Election

You must select one option. If you leave this section blank, you will be treated as having declined coverage.

**I decline coverage for myself and all dependents.** (I wish to have no money deducted from my check)  
I decline coverage due To: Existence of other coverage Medicare or Medicaid Other

**I accept Minimum Essential Coverage (NOT Major Medical)**

This Minimum Essential Coverage (MEC) plan is NOT major medical and it does not provide for hospital coverage. However, these plan options generally meet the federal requirements for the individual mandate of coverage and therefore, should avoid associated tax penalties for not having health insurance. Please see *Benefits Schedule* for a list of coverages and plan options. Premium is due one week in advance of coverage. The cost is approximately \$16/week for employee coverage only. Prices are subject to change upon final pricing from insurance carrier. Please visit the Employee Resources and Health Insurance section of our website [www.focusjobs.com](http://www.focusjobs.com) for benefits schedule, application and coverage cost. \*\*If selecting this coverage, you must complete the additional application for the MEC (Benefits in a Card) Additional Application available in our office or on our website.

**Please select who you would like covered:**

Employee Only Employee + Spouse Employee + Children Employee + Family

**Please select the plan option:**

MEC Insure Plus Basic Insure Plus Enhanced Insure Plus Premier

**Please select additional benefit options:**

Short Term Disability Critical Illness Dental Vision Term Life Accident

**I accept coverage for Major Medical Plan (Provides Minimum Value)**

This plan is considered a Major Medical Plan. This plan meets Minimum Value (MV) and includes hospital coverage. For more information and plan details, please read the *Benefit Schedule* and *Health Insurance Memorandum* on the Employee Resources and Health Insurance section of our website at [www.focusjobs.com](http://www.focusjobs.com). The cost for this plan is approximately up to \$501/mo. for employee only coverage based upon employee status (see *Focus Health Insurance Memorandum* for more info regarding employee status.). Additional dependents age 0-20 are approximately \$316/month, age 21-26 and spouses are \$501/mo. The cost is deducted one month in advance of coverage. Prices are subject to change upon final pricing from insurance carrier. \*\*If selecting this coverage, you must complete the *BCBS Additional Application* for this plan available on our website or in a Focus office.

- Employee Only Coverage cost is approximately \$501 per month
- Children 0-20 cost is approximately \$316 for each person per month
- Spouse & Children 21-26 cost is approximately \$501 for each person per month

I hereby apply for participation in my MEC and/or MV Benefit Plan for myself and/or my dependents listed above and agree to abide by the terms, provisions and limitations as outlined by the Plan Sponsor in the issuance of the Summary Plan Description. I declare all statements contained in this entire form are true and correct and that no material information has been withheld or omitted. I agree that no benefits will be effective until the date specified by the plan Administrators for the plan I chose. I agree a photographic copy of this authorization shall be as valid as the original and that said authorization shall be valid for the maximum length of time permitted by law. I understand that I have the right to receive a copy of this authorization upon request. I authorize my employer to deduct from earnings the contributions (if any) required toward the benefits.

Employee (print name) \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_