**Focus Workforce Management, Inc.**

No coverage during periods without payroll deduction or direct payment to Benefits-In-A-Card





COBRA eligible after 4 consecutive weeks without payroll deductions or direct payments (Does not apply to Disability Income Coverage)

**FWM**

Return completed forms to:

855-899-5709 or faxing@benefitsinacard.com

**ENROLLMENT FORM**

1-800-497-4856 \* M-F 8AM-8PM EST (Bilingual Agents on Staff)

I understand that deductions will continue until request is processed. Premium will not be refunded. Changes coincide with premium adjustments.

Change Cancellation 

For changes or cancellations, you MUST mark the appropriate box below and complete all required information. If no box is marked, this will be considered an enrollment form. **YOU WILL NOT BE CONTACTED**.

For faster results, call

**1-800-497-4856**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coverage Elections**  **Premiums displayed are weekly deductions** | | | | | | | | |
| Plan Options | Employee | | Employee + Spouse | | Employee + Children | | Family | |
| **Medical:** | | | | | | | | |
| Stay Healthy Plan/MEC TeleRx *(ACA Compliant Plan)* |  | $17.16 |  | $20.21 |  | $20.68 |  | $23.36 |
| **VIP Plans** **–** May elect ONE with or without a Stay Healthy/MEC TeleRx election | | | | | | | | |
| VIP Standard |  | $17.72 |  | $33.60 |  | $27.35 |  | $46.40 |
| VIP Classic |  | $19.63 |  | $38.12 |  | $30.30 |  | $52.30 |
| VIP Plus |  | $31.71 |  | $66.73 |  | $51.41 |  | $92.87 |
| **OR:** | | | | | | | | |
| MVP *(ACA Compliant Plan)* Failure to call and enroll in the MVP plan will be considered a declination | **Contact BIC to enroll: 1-800-497-4856** | | | | | | | |
| **Additional Benefit Options:** | | | | | | | | |
| Dental |  | $3.64 |  | $7.01 |  | $9.62 |  | $14.49 |
| Disability *(Must be working 20 hours or more to qualify)* |  | $3.95 |  | NA |  | NA |  | NA |
| Life |  | $2.11 |  | $2.54 |  | $2.54 |  | $3.17 |
| Vision |  | $2.15 |  | $4.35 |  | $4.94 |  | $7.62 |
| Critical Illness |  | $2.51 |  | $3.87 |  | $2.78 |  | $4.13 |
| Accident |  | $2.01 |  | $2.95 |  | $3.01 |  | $4.54 |
| Behavioral Health |  | $1.50 |  | $1.50 |  | $1.50 |  | $1.50 |
| IDX Social Plus |  | $1.98 |  | $2.70 |  | $2.70 |  | $2.70 |
| FreeRx |  | $5.99 |  | $6.99 |  | $6.99 |  | $6.99 |
| **Coverages are effective on the Monday following your payroll deduction for benefits** | | | | | | | | |

Are you covered by other Insurance?

Yes No 

**No Coverage: I choose not to participate**

**General Information Section**

**Complete Entire Section (Please Print)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee’s Name | | Gender | Social Security Number | | Country of Citizenship | |  | Married |
|  | |  |  | |  | |  | Single |
| Home Address (Street or PO Box) | | City | | | State | | Zip Code | |
|  | |  | | |  | |  | |
| Date of Birth (MM/DD/YY) | Email Address | | | | Telephone | | | |
|  |  | | | | ( ) | | | |
| Beneficiary’s Full Name | | | | | Relationship | | | |
|  | | | | |  | | | |
|  | | | | | | | | |
| **Dependent Coverage Section (Please Use Additional Sheets if Necessary)** | | | | | | | | |
| Dependent’s Name | Relation | Gender | Social Security Number | | Country of Citizenship | | Date of Birth (MM/DD/YY) | |
|  | Spouse |  |  | |  | |  | |
|  | Child |  |  | |  | |  | |
|  | Child |  |  | |  | |  | |
|  | | | | | | | | |
| Signature: | | | |  | | Date: | | |

2024 Enrollment