

Carolinas Electrical Contractors Association (CECA)

Employers: Please make copies of these instructions and the attached form and distribute to all eligible plan participants for completion.

ENROLLMENT OF GROUP BENEFITS

Instructions for completion:

Group Number – Leave blank

Employer Name – Company name/CECA

1. Employee's last name, first name and middle initial.
2. Employee's date of birth (month, day, year).
3. Employee's social security number.
4. Employee's home mailing address (street, city, zip code). All information must be completed.
5. Sex - Male or female.
6. Marital Status - single, married, divorced or other.
7. Date of employee's hire (month, day, year).
8. Division/Location – if you would like your billing, experience, etc. broken down by division or location within your organization, please indicate division or location here and provide a separate list of all divisions or locations.
9. Occupation - job title.
10. PPO Network – Medcost
11. Type of coverage elected – Please indicate elections for **medical only**.
12. List dependents to be covered - Please list all dependents for which the employee is electing coverage. Provide each dependent's last name, first name, middle initial, sex, date of birth and social security number. If additional space is needed, please use the back of this form.
13. -18. n/a
19. Creditable coverage information - Please check whether or not the employee and/or the dependents have had previous medical coverage. If yes is checked, please indicate whether the appropriate certificate of medical coverage is attached or is being forwarded.
20. Employee's signature and date - Employee must sign and date here to indicate they are electing benefit coverage as listed above.

WAIVER OF GROUP BENEFITS

Employees declining benefit coverage should complete this section of the form if desired by the employer.

Instructions for completion:

Please check the appropriate box indicating whether benefits are being waived for the employee only or for the employee and all dependents.

Please print the employee's name and social security number. The waiver should be signed and dated by the employee.