Veteran & Family Owned
TravelMed USA
Medical Careers in motion

HERBIE WILES INSURANCE
www.herbiewiles.com
904-829-2201

Dec 1, 2018 - Nov 30, 2019 Renewal

Employee Benefit Selection Form

Name: _____

I. Group Medical Plan

Medical Coverage Status: (Choose one)	Total Monthly Premium	Your Cost Per Pay
UHC HP6550 HSA		
☐ Employee only	$473.07	$54.59
☐ Employee & Spouse	$980.47	$171.68
☐ Employee & Child(ren)	$878.10	$148.05
☐ Employee & Spouse & Child(ren)	$1,456.70	$281.58
UHC P30003060ELX		
☐ Employee only	$527.00	$60.81
☐ Employee & Spouse	$1,095.88	$192.09
☐ Employee & Child(ren)	$981.10	$165.60
☐ Employee & Spouse & Child(ren)	$1,629.81	$315.30
UHC P100030ELX		
☐ Employee only	$623.13	$71.90
☐ Employee & Spouse	$1,301.60	$228.47
☐ Employee & Child(ren)	$1,164.71	$196.88
☐ Employee & Spouse & Child(ren)	$1,938.40	$375.42

☐ **No, I waive all Medical Coverage** Reason:_____

II. Group Dental Plan

Dental Coverage Status: (Choose one)	Total Monthly Premium	Your Cost Per Pay
UHC Voluntary Dental Plan		
☐ Employee only	$22.08	$5.10
☐ Employee & Spouse	$44.16	$10.19
☐ Employee & Child(ren)	$44.04	$10.16
☐ Employee & Spouse & Child(ren)	$69.05	$15.93

☐ **No, I waive all Dental Coverage** Reason:_____

II. Group Vision Plan

Vision Coverage Status: (Choose one)	Total Monthly Premium	Your Cost Per Pay
UHC Voluntary Vision Plan		
☐ Employee only	$6.17	$1.42
☐ Employee & Spouse	$11.70	$2.70
☐ Employee & Child(ren)	$13.73	$3.17
☐ Employee & Spouse & Child(ren)	$19.31	$4.46

☐ **No, I waive all Vision Coverage** Reason:_____

III. Group TeleDoc Plan

TeleDoc Coverage Status: (Choose one)	Total Monthly Premium	Your Cost Per Pay
☐ I Elect ☐ I Decline	$8.00	$1.85

****NEW HIRE or ENROLLEES MUST complete the UHC ENROLLMENT FORM.****

Please note that I am aware that my above elections can*not* be changed until the next annual open enrollment opportunity (November 2019). I further understand that certain elections may have additional costs to the employee and may result in deductions from my paycheck.

Signature X _____ Date: _____