# Product and Benefit Selection Form

## For Small Business

**1.** ☐ Single Option — Plan Code _____
☐ Dual Option — Base Plan Code _____ Buy Up Plan Code_____
☐ Multi Site — List all other locations: _____
☐ Policy Year
☐ Calendar Year

**2.** Please Indicate RX Plan:
☐ H9 10/30/50 No Deductible
☐ G4 10/30/50 $100 Deductible
☐ S8 10/30/50 $250 Deductible
☐ 2V 10/35/60 No Deductible
☐ Other RX: _____

**3.** Please indicate Dental Plan
☐ PPO Dental Plan – Plan Code_____
☐ Indemnity Dental Plan – Plan Code_____
☐ Voluntary Dental Plan - Plan Code_____
☐ Vision Plan Code _____

**4.** Life Amount(s)

Employee
☐ Flat Amounts$_____
☐ 1X Salary
☐ 2X Salary

Dependent
☐ Spouse $_____
☐ Child(ren) $_____

****Please indicate salary amount on enrollment form for each employee for 1 or 2Xs salary**

**5.** Supplemental Coverage(s)
Life/AD&D $_____ STD/LTD $_____

*****Life/AD&D applies to group sizes 10-50, max amount is $100,000.00**

**6.** Optional State Rider Selection:
☐ Yes ☐ No Serious Mental Illness
☐ Yes ☐ No Home Health
☐ Yes ☐ No In-Vitro Fertilization
☐ Yes ☐ No Speech & Hearing

*****Texas Plans Only**

**7.** Other Comments:

TEXAS INSURANCE LAWS REQUIRE ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN TEXAS TO SMALL EMPLOYERS OF 2-50 EMPLOYEES INCLUDING A BASIC OR STANDARD HEALTH BENEFIT, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.

**Please note that if you intentionally or fraudulently leave out certain information or misrepresent information, we may terminate or not renew your coverage or we may change your premium**

| Employer Signature | Title | Date |
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