tda Insurance AGENCY, INC.

EMPLOYEE ENROLL/CHANGE/WAIVE FORM

Enrollment Type*: __ New Hire __ Open Enrollment __ Qualifying Event (Event Date:_____)

Qualifying Event: __ Loss of Coverage __ Marriage __ New Dependent Child __ Move to Full-Time __ Other (Detail Below)

Other Qualifying Event Details: _____

Employer Name*: _____

PLAN SELECTIONS (MEDICAL, VISION & VOLUNTARY LIFE PLANS ARE OFFERED SEPARATELY – ENROLL IN 1, 2 OR ALL 3)

Medical Plan Selection*: __ Option 1 __ Option 2 __ Option 3 __ Option 4 __ Waive Medical

Medical Enrollment Tier: __ Emp Only __ Emp + Spouse __ Emp + Child(ren) __ Family

Employees enrolled in the medical plan automatically receive $15,000 in basic life insurance for $3 per month. Coverage is mandatory and cannot be waived. Additional life coverage available below.

Vision Plan Selection*: __ Option 1 __ Waive Vision

Vision Enrollment Tier: __ Emp Only __ Emp + Spouse __ Emp + Child(ren) __ Family

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Voluntary Life Selection*: __ Emp Only __ Emp + Spouse __ Emp + Child(ren) __ Family __ Waive Voluntary Life

Life Coverage Amount (e.g. $25,000): Emp $_____ Spouse $_____ Child(ren) $ _____

Coverage is offered in addition to the basic life insurance. Refer to life addendum for coverage limits and restrictions.

EMPLOYEE INFORMATION

Name (First, Middle, Last, Suffix)*:_____

SSN*:_____Date of Birth*: _____ Gender*:_____ Marital Status: _____

Date of Hire*:_____ Average Hours Worked Per Week*:_____

Home Address (Street)*:_____

City*:_____ State*:_____ Zip*:_____

Phone:_____Email:_____

Signature*:_____ Date*: _____

ENROLLING DEPENDENTS (ONLY DEPENDENTS LISTED BELOW WILL BE INCLUDED IN ENROLLMENT)

Spouse Name (First, Middle, Last, Suffix): _____

SSN:_____ Date of Birth:_____ Gender:_____

Child 1 Name (First, Middle, Last, Suffix): _____

SSN:_____ Date of Birth:_____ Gender:_____

Child 2 Name (First, Middle, Last, Suffix): _____

SSN:_____ Date of Birth:_____ Gender:_____

Child 3 Name (First, Middle, Last, Suffix): _____

SSN:_____ Date of Birth:_____ Gender:_____

Fields marked with an asterisk (*) are required and must be completed for the form to be considered valid.