

Great Clips Election Form

First Name

Last Name

Marital Status

Email

Phone

Address

City

State

Zip Code

Date of Birth

SSN

Hire Date

Gender

Dependent Information

First Name

Middle Name

Last Name

Relationship

Date of Birth

SSN

First Name

Middle Name

Last Name

Relationship

Date of Birth

SSN

First Name

Middle Name

Last Name

Relationship

Date of Birth

SSN

First Name

Middle Name

Last Name

Relationship

Date of Birth

SSN

Benefit Elections LEGEND: EE = Employee Only | ES = Employee/Spouse | EC = Employee/Children | Fam = Family
Please make sure that you have reviewed the PDFs available on the landing page to understand the benefits available

MEC PLANS - PLEASE CHOOSE ONLY ONE MEC PLAN. YOU CAN SELECT EXTRACARE IF YOU WISH

- | | | | | |
|-------------------|---------------------------------------|--|--|---|
| [MEC] WellCare | <input type="checkbox"/> EE - \$20.77 | <input type="checkbox"/> ES - \$41.54 | <input type="checkbox"/> EC - \$41.54 | <input type="checkbox"/> FAM - \$62.31 |
| [MEC] ValueCare | <input type="checkbox"/> EE - \$39.23 | <input type="checkbox"/> ES - \$78.46 | <input type="checkbox"/> EC - \$78.46 | <input type="checkbox"/> FAM - \$117.69 |
| [MEC] EliteCare | <input type="checkbox"/> EE - \$64.15 | <input type="checkbox"/> ES - \$128.31 | <input type="checkbox"/> EC - \$128.31 | <input type="checkbox"/> FAM - \$192.46 |
| [EXTRA] ExtraCare | <input type="checkbox"/> EE - \$18.00 | <input type="checkbox"/> ES - \$36.00 | <input type="checkbox"/> EC - \$36.00 | <input type="checkbox"/> FAM - \$54.00 |

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UNUM DENTAL

Select One EE - \$33.30 ES - \$65.59 EC - \$83.00 FAM - \$124.49

UNUM VISION

Select One EE - \$8.16 ES - \$16.32 EC - \$18.26 FAM - \$28.56

Beneficiary Information - Term Life and AD&D

First Name	Last Name	Relationship	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total benefit % selection must equal 100%

UNUM TERM LIFE AND AD&D (\$10K Increments)

AD&D Amount

Term Life Amount

Select One EE ES EC FAM

WAIVE COVERAGE - Check this box if you would prefer to waive all coverage.

Waive Coverage

For benefits that don't include a price, please refer to the PDFs or contact us.

Authorization and Request for Coverage

Signature _____

Total Cost _____

I hereby enroll or decline as indicated above in the benefits for which I am eligible.