Benefit Plan 1 - Base MV - FT

First Name | Last Name | Marital Status

Email | Phone

Address | City | State | ZIP

Date of Birth | SSN | Hire Date | Tobacco Use (Yes / No)

Included benefits

- **Base MV**
  Affordable coverage that includes physician and inpatient services
- **Hospital Services**
  Affordable copays for inpatient, outpatient, and ER
- **Additional Services**
  Includes coverage for Chiropractic, Emergency Transport, and more
- **Unlimited Telemedicine**
  Health care without the in-person visit

Select your plan type

- ☐ **Employee Only $322.51/mo**
- ☐ **Employee + Spouse $635.06/mo**
- ☐ **Employee + Child(ren) $584.23/mo**
- ☐ **Family $853.52/mo**

Enter Dependent Names

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

Burger King/Jersey Mikes - Additional Benefits - FT

Would You Like To Enroll In Additional Benefits?

☐ Yes ☐ No

Comprehensive Dental Coverage

- ☐ Employee Only: $30.69/month
- ☐ Employee + Spouse: $78.74/month
- ☐ Employee + Child(ren): $74.01/month
- ☐ Employee + Family: $129.53/month
- ☐ No Coverage

Vision Coverage

- ☐ Employee Only: $8.97/month
- ☐ Employee + Spouse: $20.92/month
- ☐ Employee + Child(ren): $21.92/month
- ☐ Employee + Family: $37.87/month
- ☐ No Coverage

Enter Dependent Names

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

First Name | Last Name | Gender

Relationship | Date of Birth | SSN

Authorization and Request for Coverage

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

I acknowledge and understand that the cost for any and all benefits I enroll in will be deducted from my payroll.

Total Cost

Signature