BrightStar Care Election Form - ALL PRICES SHOWN ARE WEEKLY

BrightStar Care®

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	☐ EE - $10.38	☐ ES - $20.77	☐ EC - $20.77	☐ FAM - $31.15
[MEC] ValueCare	☐ EE - $19.62	☐ ES - $39.23	☐ EC - $39.23	☐ FAM - $58.85
[MEC] EliteCare	☐ EE - $35.54	☐ ES - $71.08	☐ EC - $71.08	☐ FAM - $106.62
[EXTRA] ExtraCare	☐ EE - $9.00	☐ ES - $18.00	☐ EC - $18.00	☐ FAM - $27.00

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DELTA PREVENTIVE DENTAL

Select One ☐ EE - $5.16 ☐ ES - $9.79 ☐ EC - $9.20 ☐ FAM - $15.35

DELTA DENTAL 1000

Select One ☐ EE - $10.17 ☐ ES - $20.40 ☐ EC - $19.17 ☐ FAM - $30.91

VSP VISION

Select One ☐ EE - $2.30 ☐ ES - $4.59 ☐ EC - $4.83 ☐ FAM - $8.04

Beneficiary Information - Term Life and AD&D

First Name	Last Name	Relationship	% of Benefits
First Name	Last Name	Relationship	% of Benefits
First Name	Last Name	Relationship	% of Benefits
First Name	Last Name	Relationship	% of Benefits

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

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

Signature _____ Total Cost _____