Effective Date_____ **Voluntary Benefits Enrollment Form**

Company Name- Estes Construction

Employee Name: _____SS#_____DOB_____/_____/_____Gender_____

Date of Hire ___/___/_____ Average Hours worked per week _____ Phone Number _____

Marital Status: Single/ Married Date of Marriage__/___/_____ Annual Salary_____ Occupation _____

Address: _____ City_____ State_____ Zip_____

Have you or your spouse used tobacco in the last year? Applicant YES___ NO___ Spouse YES___ NO___

Beneficiary: _____ Relationship:_____ Contingent:_____ Relationship_____

DEPENDENT INFORMATION

Spouse:_____ DOB____/____/_____ SS# if known_____ Gender_____

Child:_____ DOB____/____/_____Gender_____ FT Student YES NO

Child:_____ DOB____/____/_____Gender_____ FT Student YES NO

Child:_____ DOB____/____/_____Gender_____ FT Student YES NO

Child:_____ DOB____/____/_____Gender_____ FT Student YES NO

PROSPERITY CANCER PLAN

Circle Coverage Level Elected (Semi-Monthly amounts listed)- Must Answer All Questions That Apply For Coverage to be Issued

Plan 1	Employee Only- $11.16	Employee and Children- $15.02	Employee and Spouse- $20.53	Family- $22.72
Plan 2	Employee Only- $14.33	Employee and Children- $19.32	Employee and Spouse - $27.42	Family- $30.37
Plan 3	Employee Only- $18.19	Employee and Children- $24.18	Employee and Spouse - $35.28	Family- $39.01

1. Are you actively at work on a FT basis and able to perform the regular duties of your occupation? YES NO

If "NO" you and your dependents are not eligible for coverage

I understand that coverage will become effective only after all of the following conditions have been met: a) I must be a member of an eligible class; b) I must have satisfied the policyholder waiting period; c) the group must have met the Insurer's minimum participation requirement; d) I must satisfactorily answer all questions on this form; e) I must be actively at work on the effective date (according to the Insurer's rules); and f) the first month's premium must have been received by the underwriting company at its administrative office. I certify that the statements and answers provided by me, are complete and true, are correctly and fully recorded and no information was withheld or omitted.

Signature_____ **Date**____/_____/_____