Hand in Hand	Location	New Employee	Employee Change	Effective Date
				01/01/2027

Last First M	Date of Birth	Age	Sex	Social Security Number	Activity at Work	Smoker/ Non Smoker
Member						N/S ☐ S ☐
Occupation		Phone		E-Mail		
Address	City				State	Zip
Primary Beneficiary-Full Name				Relationship		
Secondary Beneficiary-Full Name				Relationship		

Last First M	Date of Birth	Age	Sex	Relationship	*Social Security Number	Smoker/ Non Smoker
Spouse						N/S ☐ S ☐
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						

Notes

	Plan Benefit	Employee	Employee/Spouse	Employee/Children	Family	
MetLife Cancer Plan	**Plan 1**	☐ $11.16	☐ $23.06	☐ $14.25	☐ $26.18	I Decline Cancer ☐
	Plan 2	☐ $14.71	☐ $30.54	☐ $18.80	☐ $34.63	
	Plan 3	☐ $19.77	☐ $41.09	☐ $25.08	☐ $46.40	
	Plan 4	☐ $21.57	☐ $44.85	☐ $27.18	☐ $50.46	
	Biweekly (26)					

I hereby authorize my employer to deduct from my earnings the appropriate amounts, to be remitted to the Companies for selected coverage's as payment of my premiums. In addition, I understand that any pre-tax elections cannot be changed or revoked prior to the next plan anniversary date, unless due to a change in family status and permitted by my employer.

Employee Signature _____ Date_____