

Senior Plans Enrollment Form

Group Plans

EMPLOYER INFORMATION

Employer name: _____ Employer number: _____

City: _____ State: _____ ZIP Code: _____

Telephone number: (_____) _____ Employer Tax ID number: _____

As the employer we agree to maintain eligibility for the Senior or Senior Plus plans by contributing at least 50% of the plan cost for each employee or retiree who joins the Senior or Senior Plus plan after 1/1/09.

Employer authorized representative signature: _____ Date: ____/____/____

EMPLOYEE INFORMATION

Employee first name: _____ MI: ____ Last name: _____

Employee address: _____

City: _____ State: _____ ZIP Code: _____

Social Security number: _____ Home telephone number: (_____) _____

Medicare Claim number (from your Medicare card): _____ Employee requested effective date: ____/____/____

Employee signature: _____ Date: ____/____/____

Please select a Plan: Senior Plan Senior Plus Plan Care Basic Plan Care Plus Plan

Employee and/or dependents who are not Medicare eligible will remain on the current PPO plan.

Please provide the information below for your dependents who are Medicare eligible.

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Name of dependent				
Birth date	____/____/____	____/____/____	____/____/____	____/____/____
Social Security number				
Relationship				
Medicare Primary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes": Medicare Claim number				
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requested effective date	____/____/____	____/____/____	____/____/____	____/____/____

Important: This form must be received and processed by GuideStone no later than the 10th of the month prior to your desired plan effective date.

GUIDESTONE USE ONLY

Processed by: _____ Date: ____/____/____

