

Employer Annual Election Form — Medical Only

Group Plans

For coverage changes, complete this form and return to **Insurance Solutions and Services** by _____.

If you have no coverage changes for the upcoming plan year, please notify your Insurance Solutions and Services Representative or complete section 1 and 4 below and return to Insurance Solutions and Services by _____.

Coverage change requests are subject to approval by GuideStone Financial Resources.

1. EMPLOYER INFORMATION

Employer name: _____ Effective date: _____

Employer address: _____

City: _____ State: _____ ZIP Code: _____

Employer number: _____ Email address: _____

Current number of active, full-time employees: _____

Current number of active employees participating in GuideStone Medical Plans: _____

Current number of retired employees participating in GuideStone Medical Plans: _____

2. MEDICAL PLAN OPTIONS

- Check the plan choices you wish to offer in the upcoming plan year.
- Write in your class name(s) at the top.
- Indicate how much you will contribute per employee/dependent (**employer contribution percentage/amount**) for each plan selected for each class.

Please limit your medical plan choices to no more than two plans. If you would like to discuss a need for multiple plan designs, please contact your Insurance Solutions and Services representative.

Medical Plans

EMPLOYER CONTRIBUTION PERCENTAGE/AMOUNT						
	Class 1		Class 2		Class 3	
	Employee	Dependent	Employee	Dependent	Employee	Dependent
<input type="checkbox"/> Health Choice 5000						
<input type="checkbox"/> Health Choice 3000						
<input type="checkbox"/> Health Choice 2000						
<input type="checkbox"/> Health Choice 1000						
<input type="checkbox"/> Health Choice 500						
<input type="checkbox"/> Health Today						
<input type="checkbox"/> Health Legacy 200*						
<input type="checkbox"/> Health Saver 2600*						
<input type="checkbox"/> Health Saver 2800						
<input type="checkbox"/> Health Saver 3000						

*The Health Legacy 200 and Health Saver 2600 are open only to employers who currently have employees participating in the plan.

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Employer name: _____ Employer number: _____

IMPORTANT INFORMATION

- You may elect to segment your employees into different classes, with different plan options and contribution levels.
- By law, you are required to administer your classes consistently. This means that you cannot elect to contribute different amounts for employees in the same class.
- It is the employer's responsibility to maintain class definitions and contribution levels. If there are any changes to these arrangements in the future, please notify GuideStone.

4. SIGNATURE

Do you have any changes to the employer's plan elections for the upcoming plan year? Yes No

Authorized signature: _____ Date: ____/____/____

Please fax this completed form to 214-720-2105 to the attention of your Insurance Solutions and Services representative: _____.

Or mail to: **GuideStone Financial Resources, Insurance Solutions and Services, 2401 Cedar Springs Road, Dallas, TX 75201-1498.**

GUIDESTONE FINANCIAL RESOURCES USE ONLY

ISS approval: _____ Date: ____/____/____

GP processed by: _____ Date: ____/____/____