THE EPISCOPAL CHURCH MEDICAL TRUST **2018 GROUP ENROLLMENT FORM**

Listed below are the health plan choices offered by your group and the associated monthly rates for each. If you wish to select coverage, please complete the appropriate spaces below and check the box next to your 2018 Health Plan Choices and indicate the Tier (Single, etc.)

Member Information

Name

Address

City,State Zip

Date of Birth *Social Security No.*

M ☐ F ☐

Hire Date *Gender*

Diocese of Minnesota

0510

Group # *Medical Billing Unit*

Employer's Name

Employer's Address

Dependent Information

You may obtain coverage for your eligible children who are age 30 or younger. If your group offers domestic partnership coverage, attach supporting documentation with this form. If you wish to enroll one or more dependents, please attach an additional sheet which includes the following information for each: Name, Social Security Number, Gender (M/F), Date of Birth, and Relationship to Employee (Spouse, Child).

2018 Health Plan Choices

MEDICAL

2018 Election (check one)

Option Code	Plan Name	Single	Emp+1	Family
MEAP	☐ EAP	$5	$5	$5
MHDE	☐ Anthem BCBS CDHP-20/HSA	$599	$1,078	$1,677
MSG3	☐ Anthem PPO MS 80/60	$683	$1,229	$1,912
MSP0	☐ Anthem PPO 90/70	$899	$1,618	$2,517
MSPZ	☐ Anthem PPO 80/60	$802	$1,444	$2,246
	☐ I decline medical coverage			

MEDICAL (check one)

☐ **Single**
☐ **Emp+1**
☐ **Family**

DENTAL

2018 Election (check one)

Option Code	Plan Name	Single	Emp+1	Family
DD25	☐ Dent&Ortho-25/75	$60	$108	$168
	☐ I decline dental coverage			

DENTAL (check one)

☐ **Single**
☐ **Emp+1**
☐ **Family**

When you have made your decision, sign and return this form to your administrator as indicated below.

Employee's Signature *Date*

MAIL THIS FORM TO:

Elizabeth Geno
Diocese of Minnesota
1730 Clifton Pl Ste 201
Minneapolis, MN 55403-3242

TO BE COMPLETED BY THE GROUP ADMINISTRATOR

I hereby certify that this applicant is eligible for coverage and, to the best of my knowledge, all the information provided above is correct.

Administrator's Signature *Date*