



After reviewing your Benefit Booklet please complete the following information for healthcare coverage offered by C.S.T. which meets the Affordable Healthcare Mandate. As you can see there are many options to choose from to meet the needs of you and/or your family.

Please complete this form and return within **seven** days, whether you select coverage or decline.

PLEASE PRINT

EMPLOYEE INFORMATION:

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Date Hired: ____/____/____

EMPLOYEE DEPENDANT INFORMATION:

First and Last Name	Social Security Number	Date of Birth
_____	____-____-____	____/____/____
_____	____-____-____	____/____/____
_____	____-____-____	____/____/____
_____	____-____-____	____/____/____
_____	____-____-____	____/____/____
_____	____-____-____	____/____/____
_____	____-____-____	____/____/____

YOUR COVERAGE SELECTIONS

- MEC Basic Plan
- MEC Enhanced Plus 1
- MEC Enhanced Plus 4(2)
- Colonial Supplemental
- Options Plus Mini Plan Low
- Options Plus Mini Plan High

- Decline coverage

I hereby acknowledge that C.S.T. Connection has offered me healthcare coverage that meets the Affordable Care Mandate and have made my coverage selection above.

I also, authorize my employer to deduct from my weekly earnings such amounts as may now or hereafter be owed by me for the above elections I have selected requiring contributions by me.

Employee Signature: _____ Date Signed: ____/____/____