



The Archdiocese of Galveston-Houston CHOICE Plus † Enrollment Form Seminarians: Collegians, Theologians and Transitional Deacons

EMPLOYEE INFORMATION

Please print clearly - check box that applies

- | | | |
|---|---|--|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Current Seminarian | <input type="checkbox"/> Qualifying Life Event |
| <input type="checkbox"/> Collegian | <input type="checkbox"/> Theologian | <input type="checkbox"/> Transitional Deacon |

Work Phone Number

Work Location & Location #

Employee Name (Last) (First) (Middle) Social Security Number

Mailing Address Home Phone Number

(City) (State) (Zip Code) Cell Phone Number

Birth Date (month, day, year)

For Qualifying Life Events: Please provide date of event and description below, and attach supporting documentation. Must submit change within 31 days of Life Event.

BENEFIT OPTIONS - Check box to elect Medical, Dental and/or Vision Care

A. Medical Plan

	Employee Only
Standard Tier	<input type="checkbox"/> \$0

I Decline Medical Coverage

Employee Cost \$ 0.00

B. Dental Plan

	Employee Only
Coverage:	<input type="checkbox"/> \$0

I Decline Dental Coverage

Employee Cost \$ 0.00

C. Vision Plan

	Employee Only
Coverage:	<input type="checkbox"/> \$10 per month

I Decline Vision Coverage

Employee Cost \$ 0.00

D. Life and Accidental Death & Dismemberment (AD&D)

Life and AD&D Insurance Beneficiary Designation:

Seminarian Support Fund

List your information if benefits coverage is desired.

Check desired Benefits						
LAST NAME, FIRST, MIDDLE	SOCIAL SECURITY	DATE OF BIRTH	MEDICAL	DENTAL	VISION	Life and AD&D
						✓

E. Authorization

I authorize the Archdiocese of Galveston-Houston to deduct all or part of the premiums from the Seminarian Support Fund and have read all benefits information. I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

If I decline any coverage, I acknowledge that I have been given the opportunity to participate, but choose to NOT enroll. Further, I understand that unless I have an eligible qualifying life event, my elections are final, and I will not be able to change any of them until the next annual enrollment.

Signature of Seminarian

Date Signed

FOR HUMAN RESOURCES/BENEFITS USE ONLY	
_____	_____
HR Representative Signature	Date Input in System