# Product and Benefit Selection Form
## For Small Business

**1. Medical Plan Selection**

☐ Single Option — Plan Code _____

☐ Dual Option — Base Plan Code _____ Buy Up Plan Code_____

**2. Deductible Type** ☐ Calendar Year ☐ Policy Year

**3. Billing Type**

☐ Paper ☐ Online Only/Ebill ☐ Electronic Funds Transfer

**4. Please indicate RX Plan**

| | | | | |
|---|---|---|---|---|
| ☐ JB | 10/30/50 No Deductible | ☐ JC | 10/30/50 $100 Deductible | |
| ☐ JD | 15/35/60 No Deductible | ☐ JE | 15/35/60 $100 Deductible | |
| ☐ JF | 15/40/70 No Deductible | ☐ JG | 15/40/70 $250 Deductible | |
| ☐ JH | 20/45/75 No Deductible | ☐ JI | 20/45/75 $250 Deductible | ☐ Other RX:_____ |

**5. Dental Plan** ☐ Plan Code_____ ☐ Not elected

**6. Vision Plan** ☐ Plan Code_____ ☐ Not elected

**7. Basic Life Amount**

Employee

☐ Flat Amounts $_____

☐ 1X Salary

☐ 2X Salary

Dependent

☐ Spouse $_____

☐ Child(ren) $_____

* Please indicate salary amount on enrollment form for each employee for multiple of salary life

**8. Supplemental Coverage(s)**

Life/AD&D $_____ STD/LTD _____ (Indicate plan codes)

* Complete addendum to Employer Application for Supplemental Life and Disability Lines of Coverage

** Life/AD&D applies to groups with over 10 eligibles, max amount is $100,000.00.

*** Supplemental Life must be sold with Basic Life.

**** Please indicate salary amount on enrollment form for each employee for disability and multiple of salary life

**9. Optional State Rider Selection**

| | | |
|---|---|---|
| ☐ Yes | ☐ No | Serious Mental Illness |
| ☐ Yes | ☐ No | Home Health |
| ☐ Yes | ☐ No | In-Vitro Fertilization |
| ☐ Yes | ☐ No | Speech & Hearing |

***Texas Plans Only

**9. Optum Health HSA** ☐ Yes ☐ No

**10. United Benefit Services HRA** ☐ Yes ☐ No

**11. Other Comments:**

TEXAS INSURANCE LAWS REQUIRE ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN TEXAS TO SMALL EMPLOYERS OF 2-50 EMPLOYEES INCLUDING A BASIC OR STANDARD HEALTH BENEFIT, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.

**Please note that if you intentionally or fraudulently leave out certain information or misrepresent information, we may terminate or not renew your coverage or we may change your premium.**

| Employer Signature | Group Name | Effective Date |
|---|---|---|
| | | |

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