Essential StaffCARE | PLANS 1 & 2- CHANGE FORM | 215300-TES

Mail / Fax to: Planned Administrators, Inc., PO Box 6702, Columbia, SC 29260
Telephone (866) 798-0803, Fax (803) 264-0772
Underwritten by BCS Insurance Company, Oakbrook Terrace, IL

Fill out this form ONLY if you are making changes in your coverage or terminating coverage.

A. REASON FOR THE CHANGE

☐ Address Change ☐ Name Change ☐ Add Dependent(s) ☐ Coverage Change ☐ Terminate Coverage

B. REQUIRED EMPLOYEE INFORMATION — MUST BE FILLED OUT — Address/Name Change

Name	Social Security #	Home Phone		Gender M F
Address	City	State	Zip	Apt. #
Employer		Hire Date / /		Date of Birth / /

Add/Change Dependent Information

Name	Social Security #	Date of Birth / /	Gender M F	Relationship
			M F	
			M F	

C. INDEMNITY PLAN CHANGES - Select the change you wish to make for each benefit — Weekly Rates

You **MUST** select a coverage level before adding any benefits in Section C. Your coverage level for the all benefits in Section C will be identical.

SELECT COVERAGE LEVEL	MEDICAL PLAN 1 [1]	MEDICAL PLAN 2 [1]	DENTAL	TERM LIFE	SHORT-TERM DISABILITY [2]
Employee Only ☐	**$20.98**	**$21.96**	**$5.40**	**$0.60**	**$4.20**
Employee + 1 ☐	**$42.57**	**$44.56**	**$10.80**	**$0.90**	
Employee + Family ☐	**$56.85**	**$59.50**	**$17.82**	**$1.80**	
Terminate **All** Plans ☐	☐ Plan 1	☐ Plan 2	☐ Enroll	☐ Enroll	☐ Enroll
No Change to Any Plan ☐	☐ No Change	☐ Cancel	☐ Cancel	☐ Cancel	☐ Cancel
			☐ No Change	☐ No Change	☐ No Change

[1] This coverage is not available to residents of **NH, HI,** or **PR.** [2] STD is not available to persons who work in **CA, HI, NJ, NY,** or **RI.**

Add/Change Life/Accidental Death & Dismemberment Beneficiary

Primary — Relationship

Secondary — Relationship

D. MEC PLAN CHANGES - Select the change you wish to make.

82153000-M-TES — **Monthly Rates**

MEC Wellness/Preventive ☐ No Change

☐ **$58.19** Employee Only ☐ **$69.53** Employee + 1 ☐ **$80.87** Employee + Family ☐ **Terminate** MEC Plan

I hereby authorize my employer to deduct the required premium contributions from my payroll earnings. I understand that deductions may continue under my old elections until this form is received and processed by PAI. Deductions will not be refunded, however, coverage will continue as long as you have a paycheck deduction.

DATE __ __ /__ __ /__ __ __ __ ▶ **SIGNATURE**

Form: ESC/MEC UNAVCL P12M v21.0