

ACCE ORGANIZATION ENROLLMENT & CHANGE FORM

EMPLOYEE BENEFIT INSURANCE PLANS

1 FILL OUT THE FORM to indicate the plans to be offered to your employees.

2 HAVE EACH ELIGIBLE EMPLOYEE complete the ACCE Employee Enrollment Form

3 EMAIL THIS FORM & EACH EMPLOYEE ENROLLMENT FORM TO: accebenefitsteam@acce.org

New Plan Enrollment

Plan Change

Plan Termination

1. EMPLOYER INFORMATION Please write legibly

Executive Contact Name _____ Title _____

Title Job Function (circle one): CEO/President Finance HR Outside Accountant

Organization _____

Street Address _____ City, State Zip _____

Phone # () _____ Fax # () _____ Email _____

Number of Employees working more than 30 hours per week _____

2. PLEASE CHOOSE PLAN WAITING PERIOD Applicable to all plans

Waiting Period Options - coverage effective 1st day of the month following: Hire date 30 days 60 days 90 days

3. PLEASE CHOOSE PLAN(S) & BENEFIT OPTIONS Proof of Insurability forms will be supplied if applicable. They must be completed and reviewed by the insurance carrier before your application can be processed.

Term Life and AD&D Benefit Options: 2.5x Salary 2x Salary 1.5x Salary \$50,000

Dependent Life

Long-Term Disability Elimination Period Options: 90-Day Elimination Period 180-Day Elimination Period

Short-Term Disability Benefit Duration Options: Option 1: 9 Weeks Option 2: 22 Weeks Option 3: 12 Weeks

Dental PPO

Vision

Voluntary Accident Insurance w/ Travel Benefits

Is this a change to your current ACCE Insurance Plan(s)? Yes No

Effective date on the enrollment, change, or termination to your ACCE Insurance Plan(s): _____

Note: Plan enrollments and changes are always effective from the first of the month. Plan terminations are always effective on the last day of the month. Retroactive Plan changes are not allowed.

4. SIGNATURE

I have read the ACCE Group Insurance materials and hereby agree to be bound by the terms, conditions and provisions of the policies issued by the carrier and to assume the obligations of a participating member.

Signature _____ Date _____

RETURN TO ACCE BENEFITS SERVICES

Scan and email to: accebenefitsteam@acce.org