Activate Clinic-Only Access Enrollment Application

Does the Employee have *Family* SEYMOUR COMMUNITY SCHOOLS Medical Insurance?
Yes _____ No _____

- **If yes, do not complete this form.**
- **If no, continue reading.**

Does the Employee have *Single* SEYMOUR COMMUNITY SCHOOLS Medical Insurance?
Yes _____ No _____

- **If yes, and the employee who has elected single SEYMOUR COMMUNITY SCHOOLS medical insurance has a spouse and/or a dependent(s) who would like to have clinic-only access, please complete this Activate clinic-only access enrollment application. Note: In this case the monthly premium for clinic-only access would apply to the spouse and/or the dependent(s).**

- **If no, continue reading.**

Would the employee like to elect clinic-only access, if the employee does not have SEYMOUR COMMUNITY SCHOOLS medical coverage? Yes _____ No _____

- **If yes, complete the employee portion of this Activate clinic-only access enrollment application. If the Employee has a spouse and/or a dependent(s) that would like to enroll in clinic-only access, please complete the employee portion and the dependent portion of this application. Note: Employee must be enrolled in clinic-only access in order for a spouse and/or a dependent(s) to enroll. The monthly premium for clinic-only access would apply to employee, spouse and/or a dependent(s).**

- **If no, do not complete any portion of this enrollment application.**

CLINIC ENROLLMENT: EMPLOYEE

Employee Name_____

Date of Birth: _____

Social Security Number: _____

Current Address: _____

Current Phone: _____

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CLINIC ENROLLMENT: DEPENDENT(S)

For each covered dependent, list the following information on the lines below:
Example: Jane Smith / Spouse / 01/01/1950 / 333-44-5555

Full Name / Relationship to You / Date of Birth / Social Security Number

Dependent 1:_____

Dependent 2:_____

Dependent 3:_____

Dependent 4:_____

You may attach a separate sheet of paper for additional dependents.

I agree to pay (check all that apply):

	$17.25 per pay for myself @ 24 pays		$21.79 per pay for myself @ 19 pays
	$17.25 per pay for my spouse @ 24 pays		$21.79 per pay for my spouse @ 19 pays
	$17.25 per pay for each additional dependent		$21.79 per pay for each additional dependent

I understand and agree to the following:

- That the clinic-only access fee will be withheld on a pre-tax basis from my payroll check each pay,
- That the effective date for this coverage begins the first day of the month following 30 days of employment if I am electing this coverage as a new hire,
- That the effective date for this coverage begins on January 1, 2020 for all current employees, and if I elect this coverage, it will continue until December 31, 2020.

_____ _____

Signature Date

This is not medical insurance coverage. It is clinic-only access.

Clinic incentives do not apply to clinic-only access.