

American Business Solutions
2024 Open Enrollment and New Hire Benefit Enrollment Form

This form must be completed and turned in prior to your effective date. Failure to do so will result in waiting until open enrollment to enroll.

PART I: EMPLOYEE INFORMATION						
EMPLOYEE NAME		SOCIAL SECURITY NUMBER - -		DATE OF FULL TIME EMPLOYMENT/REHIRE	HOURS WORKED/WEEK _____ POSITION: _____	DATE OF BIRTH - -
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	HOME ADDRESS (NUMBER AND STREET)			CITY	STATE	ZIP CODE
HOME PHONE	MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	MARRIAGE DATE - -	SPOUSE'S DATE OF BIRTH - -	SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY # - -
Email Address: _____				Earnings: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly \$ _____		

PART II: ELECTING YOUR BENEFITS					
Type of Coverage	Single	Single + Spouse	Single + Child(ren)	Family	Waive
Medical Plan – Anthem HSA 6200	<input type="checkbox"/> \$85.62	<input type="checkbox"/> \$290.76	<input type="checkbox"/> \$203.43	<input type="checkbox"/> \$442.98	<input type="checkbox"/>
Medical Plan – Anthem PPO 5000	<input type="checkbox"/> \$109.20	<input type="checkbox"/> \$370.83	<input type="checkbox"/> \$259.45	<input type="checkbox"/> \$564.99	<input type="checkbox"/>
Medical Plan – Anthem PPO 1000	<input type="checkbox"/> \$144.14	<input type="checkbox"/> \$489.49	<input type="checkbox"/> \$342.47	<input type="checkbox"/> \$745.77	<input type="checkbox"/>

PART III: DEPENDENT INFORMATION: List only dependents (including spouse) that are to be covered under benefit plans

ADD THE FOLLOWING DEPENDENTS TO MY PLAN:

NAME (LAST)	(FIRST)	(MIDDLE I)	SOCIAL SECURITY #	SEX	BIRTHDATE	RELATIONSHIP*: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other
			- -		- -	LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME (LAST)	(FIRST)	(MIDDLE I)	SOCIAL SECURITY #	SEX	BIRTHDATE	RELATIONSHIP*: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other
			- -		- -	LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME (LAST)	(FIRST)	(MIDDLE I)	SOCIAL SECURITY #	SEX	BIRTHDATE	RELATIONSHIP*: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other
			- -		- -	LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME (LAST)	(FIRST)	(MIDDLE I)	SOCIAL SECURITY #	SEX	BIRTHDATE	RELATIONSHIP*: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other
			- -		- -	LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME (LAST)	(FIRST)	(MIDDLE I)	SOCIAL SECURITY #	SEX	BIRTHDATE	RELATIONSHIP*: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other
			- -		- -	LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

*Spouse, son, daughter, stepchild, foster child, other (specify)

FOR ADDITIONAL DEPENDENTS PLEASE LIST ON SEPARATE SHEET.

PART IV: BENEFICIARY INFORMATION: List only beneficiaries

ADD THE FOLLOWING DEPENDENTS TO MY PLAN:

NAME (LAST)	(FIRST)	(MIDDLE I)	SOCIAL SECURITY #	SEX	BIRTHDATE	RELATIONSHIP*: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other
			- -		- -	PERCENTAGE: _____%
NAME (LAST)	(FIRST)	(MIDDLE I)	SOCIAL SECURITY #	SEX	BIRTHDATE	RELATIONSHIP*: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other
			- -		- -	PERCENTAGE: _____%
NAME (LAST)	(FIRST)	(MIDDLE I)	SOCIAL SECURITY #	SEX	BIRTHDATE	RELATIONSHIP*: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other
			- -		- -	PERCENTAGE: _____%

Please Call the American Business Solutions CARE Center at 1-800-724-8802 if you have questions while completing your application process.

*Your Application will not be accepted without your signature and date

Applicant Signature:	Date:
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