

2019 Paschall Truck Lines, Inc. Group Health, Dental, & Vision Insurance Enrollment Form Effective Date: _____

Last Name	First Name	SSN	Birthdate	Hire Date	Phone
Address		City	State	Zip	DRIVER____ NON-DRIVER____

You cannot elect dental or vision without medical coverage and they ALL must be elected as either single or family

Medical Decline CIRCLE Single (\$36/week) EE + Children (\$76/week) EE + Spouse (\$106/week) Family (\$124/week)	Medical WITH Dental CIRCLE Single (\$40/week) EE + Children (\$85/week) EE + Spouse (\$115/week) Family (\$133/week)	Medical WITH Vision CIRCLE Single (\$36.97/wk) EE + Children (\$78.67/wk) EE + Spouse (\$108.67/wk) Family (\$126.67/wk)	Medical WITH Dental & Vision CIRCLE Single (\$40.97/wk) EE + Children (\$87.67/wk) EE + Spouse (\$117.67/wk) Family (\$135.67/wk)	Gender (CIRCLE) Male Female	Marital Status CIRCLE Single Married
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If legally married, does your Spouse work full-time? Yes or No _____ Name of Company where Spouse works: _____ Does your Spouse have health insurance available through that Employer? Yes or No _____	A SPOUSE ELIGIBLE FOR COVERAGE THROUGH ANOTHER EMPLOYER'S GROUP PLAN IS NOT ELIGIBLE FOR PTL COVERAGE
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Dependent Name	Sex (M / F)	Relationship	Date of Birth	Dependent SSN	
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I certify that the above information is true and correct. I hereby authorize all medical providers of care & treatment to furnish PTL or its administrator all information regarding medical treatment (including copies of my records). I also authorize any Union, Trust Fund, Employer, or Insurance Carrier to furnish information regarding benefits to which I may be entitled. A copy of this authorization shall be considered valid as the original. Furthermore, I authorize the insurance premiums associated with my election to be deducted on a before tax basis. I agree to this election being automatically renewed from year to year unless I revoke it before the start of the January 1 Plan Year in question. I understand I cannot change or suspend this election except during open enrollment or a qualifying event. Coverage under Paschall Truck Line's Medical and Dental Program ("Plan") begins following a Waiting Period as allowed by federal law. Coverage under our Plan begins on the 90th day of employment. The Plan does not permit late enrollees. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to "special" enroll yourself and your dependents in this Plan provided that you request enrollment within 31 days after your other coverage ends (or if the employer stops contributing towards your or your dependents' other coverage). Also, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to "special" enroll yourself and your dependents, provided that you request enrollment within the 31 days following the marriage, birth, adoption, or placement for adoption. Federal law now prohibits discrimination on the basis of health status. If you or a dependent was declined coverage under our Plan in the past due to a health-related factor such as evidence of insurability, please contact us if you wish to enroll now. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and treatment of physical complications of the mastectomy, including lymphedemas. These benefits are subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please see HR. Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. This law generally does not prohibit the mother's, or newborn's attending provider, after consulting with the mother, from discharging the mother, or her newborn earlier than the 48 hours (or 96 hours as applicable). In any case, plans and issuers may not require that a provider obtain authorization from the plan, or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable). This disclosure summarizes general Plan rules. In the event of a conflict, the provisions of the formal Plan document will control.

Employee Signature: _____ Date: _____ Remarks: _____

[Return to: agarrett@ptl-inc.com](mailto:agarrett@ptl-inc.com)