

ENROLLMENT / WAIVER FORM
THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY
INTERNATIONAL RESEARCH SCIENTISTS
ACCIDENT & SICKNESS INSURANCE PLAN
October 1, 2011 – October 1, 2012
Policy GLM N01060909

YOUR NAME

(Please Print) _____ (Last) (First) (MI)

Address

 (Street) (City) (State) (Zip)

ENROLLMENT Please **enroll** me and my dependents, if any, in the Accident and Sickness Insurance Plan. I understand coverage will become effective on the later of October 1, 2011, or the date the Enrollment Form and full premium are received by the ACE American Insurance Company or Program Administrator. The coverage dates for my Dependents' and me will be the same, provided the required premium is paid.

Effective Date: _____ Expiration Date: _____

(Monthly Rates)	Participant	Spouse	Child
Age 40 or less	\$275.00	\$444.00	
Age 41 - 50	\$328.00	\$525.00	
Age 51 - 60	\$413.00	\$621.00	\$271, birth to age 19
Age 61 - 64	\$476.00	\$734.00	
Age 65+	\$539.00	\$869.00	

Total Monthly Premium \$ _____ x # months _____ = Total Premium Due \$ _____

Make all checks payable to: MEDEX Insurance Services, Inc.

DEPENDENT INFORMATION (IF ANY ENROLLED)

Name _____ Relationship _____ Date of Birth _____

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WAIVER I wish to **waive** enrollment in the Accident & Sickness Insurance Plan due to the fact that I am covered by:

Name of Insurance Company _____ Policy # _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

My signature below certifies that I have read and understand the brochure and agree to accept the terms and conditions stated therein.

Signature _____ Date: _____

DELIVER TO:

Jefferson Lab International Services Office
 628 Hofstadter Rd., Suite 2
 Newport News, VA 23606

Program Administered By: CMI Insurance, FrontierMEDEX, P.O. Box 19056, Baltimore, MD 21284
 Phone 410-583-2595, 800-586-0753, Fax 410-583-8244