

Required Information

In the last 6 months, has the policyholder or any dependent(s) used any tobacco product at least 4 times a week (such as cigarettes, snuff, chewing tobacco or any nicotine substitution product)? Yes No
If yes, indicate who: Policyholder Spouse/Civil Union Spouse Dependent Children

Section B: Plan Selection

Please choose one plan.

HMO Plan Name	
HMO 3150 Elite Silver	<input type="checkbox"/>
HMO 3150 Methodist Silver	<input type="checkbox"/>
HMO 3150 OSF Silver	<input type="checkbox"/>
HMO 3500a Elite Silver	<input type="checkbox"/>
HMO 3500a Methodist Silver	<input type="checkbox"/>
HMO 3500a OSF Silver	<input type="checkbox"/>
HMO 3800 Elite Bronze	<input type="checkbox"/>
HMO 3800 Methodist Bronze	<input type="checkbox"/>
HMO 3800 OSF Bronze	<input type="checkbox"/>
HMO 4000b Elite Silver	<input type="checkbox"/>
HMO 4000b Methodist Silver	<input type="checkbox"/>
HMO 4000b OSF Silver	<input type="checkbox"/>
HMO 5000c Elite Silver	<input type="checkbox"/>
HMO 5000c Methodist Silver	<input type="checkbox"/>
HMO 5000c OSF Silver	<input type="checkbox"/>

POS Plan Name	
POS 5000a Elite Bronze	<input type="checkbox"/>
POS 5000a Methodist Bronze	<input type="checkbox"/>
POS 5000a OSF Bronze	<input type="checkbox"/>
POS 6000a Elite Bronze	<input type="checkbox"/>
POS 6000a Methodist Bronze	<input type="checkbox"/>
POS 6000a OSF Bronze	<input type="checkbox"/>
POS 7250 Elite Silver	<input type="checkbox"/>
POS 7250 Methodist Silver	<input type="checkbox"/>
POS 7250 OSF Silver	<input type="checkbox"/>
POS HSA 6650 Elite Bronze	<input type="checkbox"/>
POS HSA 6650 Methodist Bronze	<input type="checkbox"/>
POS HSA 6650 OSF Bronze	<input type="checkbox"/>

Additional coverage.

Vision	
VSP Vision Choice Plan \$20 exam copay	<input type="checkbox"/>

Dental	
Delta Dental PPO Bronze Plan	<input type="checkbox"/>
Delta Dental PPO Silver Plan	<input type="checkbox"/>
Delta Dental PPO Gold Plan	<input type="checkbox"/>

Section C: Signature and Date

Policyholder Signature _____ Signature Date _____

I agree that the typed name above shall be treated as a valid signature for all purposes of this form.

↓ FOR OFFICE AND BROKER USE ONLY ↓

Agent Name: _____

Agency: _____