



EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST

PARTICIPATING EMPLOYER
HEALTH PLAN ELECTION FORM

The annual open enrollment period for the Trust Health Plans is August 1 – September 30 each year. The Participating Employer named below hereby designates on this form: (1) the coverage effective date for all elections made by its Employees during the annual open enrollment period; and (2) the Health Plan options that will be offered by the Employer to its Employees.

1. Each Employer has previously designated the Open Enrollment Effective Date. Please advise us if you are changing your Open Enrollment Effective Date. The Participating Employer elects the following effective date for all Health Plan changes Employees make during the annual open enrollment period:

September 1 [] October 1 [] No Change []

2. The Participating Employer allows the following Health Plan Selections for the next coverage period of September 1, 2011 – August 31, 2012 or October 1, 2011 – September 30, 2012 (depending on the effective date elected by the Employer):

Individual Employee Selection of Health Plans is allowed: Yes [] No []

If No: The Participating Employer agrees to offer only the following Health Plan to Employees for the next coverage period (Choose one Health Plan Option):

Platinum: [] Gold: [] Silver: [] Bronze: []

If Yes: The Participating Employer agrees to offer the following Health Plans to Employees for the next coverage period (Choose all that apply):

Platinum: [] Gold: [] Silver: [] Bronze: [] All Plans: []

Name of Participating Employer: _____ Group No. _____

Signature of Authorized Representative

Date

Please return this form no later than July 30th to:

Attn: Krista Breakfield
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