

Enrollment Form for the **CANCER INSURANCE PLAN**

Complete this form and return to:
VOLUNTARY BENEFITS PLAN®
 P.O. Box 12009
 Cheshire, CT 06410
 or email to vbplan@alliant.com



This is a request for Group Insurance from:



SECTION A – MEMBER INFORMATION

PLEASE PRINT IN INK OR TYPE ALL ANSWERS

Member's Name: _____ Social Security Number: _____
Last Name First Middle Initial

Home Address: _____
Street City State Zip Code

E-mail Address: _____ Local: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: ____/____/____ Sex: Male Female
(MM/DD/YYYY)

Employment Status: Active PSE Retired Associate

Are you presently insured under any other benefit plans provided by the Voluntary Benefits Plan®? Yes No

If "Yes," which other plan(s) from Voluntary Benefits Plan® do you have? _____

SECTION B – CHOOSE THE PLAN YOU LIKE

\$15,000 of Coverage

- MEMBER MEMBER & CHILDREN
 MEMBER & SPOUSE MEMBER, SPOUSE & CHILDREN

\$30,000 of Coverage

- MEMBER MEMBER & CHILDREN
 MEMBER & SPOUSE MEMBER, SPOUSE & CHILDREN

If **FAMILY** coverage is requested, write the names of other family members you want to insure:
(Lawful spouse and unmarried dependent children under age 26.)

SPOUSE'S FULL NAME (Last, First, Mid. Init.)			Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
1. (Child Name)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	3. (Child Name)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. (Child Name)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	4. (Child Name)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female

SIGN & MAIL THIS FORM

I hereby enroll with MetLife for coverage under the Cancer Insurance Plan.
 I have read and understand the conditions and exclusions of the program. I authorize payments to be automatically deducted from my paycheck. Associate members will be direct billed for their coverage.

Important notice: Any person who knowingly and with intent to defraud any insurance company or other person files a 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 may be a crime. (Fraud provisions vary by state).

SIGN HERE TO ENROLL >

_____/____/____
Member Signature X (Sign in ink) Date

QUESTIONS? 1-800-422-4492

Call us Monday through Friday between 8:30 am and 5:00 pm EST

www.VoluntaryBenefitsPlan.com