

2017 Election Form

SCMA Members' Insurance Trust

P.O. Box 11188 Columbia, SC 29211
phone (803) 798-6207 fax (803) 731-4021



Individual Employee Change

(Please make copy of blank form for each employee, or complete the Group Election Census)

Group Change

(Everyone in group has the same plan.)

IMPORTANT INFORMATION ABOUT THIS FORM

Deadline for receipt of this Election form is December 31, 2016. Changes will not be accepted after this date. Please note that if you are not making any changes, you do not need to return this form.

You must return this form by: December 31, 2016

Coverage effective: January 1, 2017

Coverage Options

Employee Employee/Spouse Emp./One Child Emp./Children Family

Major Medical Plans

Choose Plan Option:

- | | |
|---|---|
| <input type="checkbox"/> Major Medical Only | <input type="checkbox"/> Enhanced Benefit Package |
| • No Office Visit Co-pay | • Includes Office Visit Co-pay |
| • No Prescription Drug Card | • Includes Prescription Drug Card |

Choose Deductible Option:

- \$500 \$1,000 \$1,500 \$2,000 \$3,000 \$5,000

High Deductible Health Plans (HSA Qualified Plans)

Plan I Plan II Plan III Plan IV V VI

Preferred Plans*

Premier Prime Select Essential (HSA Qualified)

Acknowledgement *Signature required.*

I understand that I must pay the premium statement as billed. Adjustments due to any change in coverage will be reflected on the next premium statement. I also understand that I may not change benefits until the next open enrollment period. I authorize my employer to make any and all appropriate payroll deductions in respect of such premiums.

*Preferred Plans do not include short term disability or supplemental accident coverage.

Print Group Name

Location Number

Tax ID Number

Print Individual Name

Social Security Number (only for individual employee change)

Signature

Date

Election forms can be submitted via fax at 803-731-4021, secure email at MITinfo@scmedical.org, or by mail.

If you currently are set up on automatic bill pay through your banking institution, please be sure to update accordingly.