

Election of Participation

If your township is interested in enrolling in any of our insurance programs, you must complete this form and return it to our office.

We will need enrollment forms for each individual to be enrolled. Please keep in mind that all the enrollment forms must be in our office before we can establish an effective date.

Please indicate the plans you wish to be enrolled in:

MEDICAL INSURANCE PLANS:

PPO Plan 2
 PPO Plan 3

PPO Plan 5
 PPO Plan 6
 PPO Plan 7

MEDICARE ADVANTAGE PLANS:

PPO Plan w/Rx 1203
 PPO Plan w/Rx 1338
 ESA Plan w/Rx 1203
 ESA Plan w/Rx 1338

SHORT TERM DISABILITY PLANS:

Plan 1
 Plan 2
 Plan 3

Number of Enrollment Packets Needed

DENTAL INSURANCE PLANS

Plan #1
 Plan #2

LIFE INSURANCE PLANS

Plan \$10,000
 Plan \$25,000
 Plan \$50,000
 Plan \$75,000

VISION INSURANCE PLANS:

Employer Paid
 Voluntary

Number of Enrollment Forms Needed

TOWNSHIP & COUNTY _____

TOWNSHIP SECRETARY _____

ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

PROBATIONARY PERIOD: Y OR N # OF DAYS:

(Cannot exceed 90 days for a medical plan) _____

SIGNATURE: _____

DATE: _____

TIN #: _____



PSATS Trustees Insurance
and Retirement Services