INSTRUCTIONS FOR COMPLETING THE MERCER ENROLLMENT FORM

Please write legible

You will complete this form if you are:

1.) enrolling in a plan(s) for the first time.
2.) adding or removing dependents.
3.) changing plans.

Section A – Complete all pertinent information about yourself.

Section B – Check the applicable boxes for whom you want coverage. In the Plan Type space indicate which plan you want. For example, for medical you would write Copay 750, Copay 1250 or HMO. If you are enrolling in the HMO plan you will need to complete a Primary Care Provider Selection Form.

Section C – you do not need to complete.

Section D – you do not need to complete.

Section E – Complete this section for all dependents you wish to enroll.

Section F – This section is in regards to medical insurance. If you list in Section E anyone who will keep other hospital and/or medical coverage in addition to this coverage, you will need to complete this section.

Section G – (Only if you are enrolling in medical insurance for the first time) If you have had health insurance in the last 63 days please complete.

Section I – Sign and date.