



2024 ENROLLMENT ACKNOWLEDGEMENT FORM

Employer: Monroe City Schools

I hereby acknowledge that I am enrolling in Pelican HRA 1000 + MedPlus

Employee Name: _____
 Last First MI

Employee Info: _____
 SSN DOB Gender

Employee Address: _____

Phone: _____ Email: _____

ACTIVE EMPLOYEE

Monthly Premiums

	<u>EE</u>	<u>ER</u>	<u>Total</u>
<input type="checkbox"/> Emp Only	\$0.00	\$71.32	\$71.32
<input type="checkbox"/> Emp + Sp	\$85.54	\$71.32	\$156.86
<input type="checkbox"/> Emp + Ch	\$60.60	\$71.32	\$131.92
<input type="checkbox"/> Emp + Fam	\$146.14	\$71.32	\$217.46

Dependent Information:

Print full legal name (Last, First, MI)	DOB	Relation	Gender	SSN

I hereby acknowledge that I am enrolling in the Pelican HRA 1000 + Medplus GAP Plan Coverage:

Effective Date of Coverage: _____

Employee Signature: _____ **Date:** _____