2025-26 ENROLLMENT APPLICATION

(Email Completed Forms to wortiz@jfcglobal.com)



ASSOCIATE INFORMATION

Name			Social Security Number						
Employer			Hire Date						
Birth Date			Sex Male Female						
Address			Phone Number						
City/State/Zip			Email						
DEPENDENT INFORMATION									
Name				Name_					
Social Security Number				Social S	ecurity Nu	mber		_	
Birth Date				Birth Da	ite				
Male Female	Spouse	Child	Male Female			Spouse	Child		
Name			Name						
Social Security Number				Social S	ecurity Nu	mber			
Birth Date				Birth Da	ite				
Male Female Spouse Child				Mal	e Fem	nale	Spouse	□ Child	
COVERAGE ELECTIONS									
		Medical El	ection (choose only					
Weekly Rates	Assoc	Medical El	ection (choose only ite /Spouse	Associate	e /Child(ren)		Family	
EnhancedCare		Medical El iate Only \$22.38	ection (Associa	choose only ite /Spouse \$43.83	Associate	\$45.04		\$65.57	
EnhancedCare EliteCare	_	Medical El iate Only \$22.38 \$45.37	ection (choose only ate /Spouse \$43.83 \$98.06	Associate	\$45.04 \$100.12		\$65.57 \$147.63	
EnhancedCare EliteCare Advantage MV*		Medical El iate Only \$22.38 \$45.37 \$92.08	Associa	choose only ate /Spouse \$43.83 \$98.06 \$181.15	Associate	\$45.04 \$100.12 \$170.54		\$65.57 \$147.63 \$229.62	
EnhancedCare EliteCare		Medical El iate Only \$22.38 \$45.37 \$92.08	Associa	choose only ate /Spouse \$43.83 \$98.06 \$181.15	Associate	\$45.04 \$100.12 \$170.54		\$65.57 \$147.63 \$229.62	
EnhancedCare EliteCare Advantage MV*		Medical Eliate Only \$22.38 \$45.37 \$92.08 Change based	Associa	choose only ate /Spouse \$43.83 \$98.06 \$181.15	Associate Contact y	\$45.04 \$100.12 \$170.54		\$65.57 \$147.63 \$229.62	
EnhancedCare EliteCare Advantage MV*	subject to	Medical Eliate Only \$22.38 \$45.37 \$92.08 Change based	Associa Associa on affore emnity 8	choose only te /Spouse \$43.83 \$98.06 \$181.15 dability. Please	Associate Contact y	\$45.04 \$100.12 \$170.54	or specifi	\$65.57 \$147.63 \$229.62	
EnhancedCare EliteCare Advantage MV* *Rates for the MV plan are	subject to	Medical Eliate Only \$22.38 \$45.37 \$92.08 change based	Associa d on affore emnity & Associa	choose only the /Spouse \$43.83 \$98.06 \$181.15 dability. Please	Associate contact y ction Associate	\$45.04 \$100.12 \$170.54 our employer f	or specifi	\$65.57 \$147.63 \$229.62 c rates.	
EnhancedCare EliteCare Advantage MV* *Rates for the MV plan are Weekly Rates	subject to	Medical Eliate Only \$22.38 \$45.37 \$92.08 change based Hospital Indiate Only	Associa d on affore emnity & Associa	choose only te /Spouse \$43.83 \$98.06 \$181.15 dability. Please t Dental Electric /Spouse	Associate contact y ction Associate	\$45.04 \$100.12 \$170.54 our employer f	or specifi	\$65.57 \$147.63 \$229.62 ic rates.	
EnhancedCare EliteCare Advantage MV* *Rates for the MV plan are Weekly Rates ExtraCare (Hospital)	subject to	Medical Eliate Only \$22.38 \$45.37 \$92.08 change based Hospital Indiate Only \$11.30 \$7.56	ection (Associa	choose only te /Spouse \$43.83 \$98.06 \$181.15 dability. Please the Dental Electric /Spouse \$22.61	Associate contact y tion Associate	\$45.04 \$100.12 \$170.54 Four employer for a /Child(ren) \$22.61	or specifi	\$65.57 \$147.63 \$229.62 c rates.	
EnhancedCare EliteCare Advantage MV* *Rates for the MV plan are Weekly Rates ExtraCare (Hospital) Dental	subject to	Medical Eliate Only \$22.38 \$45.37 \$92.08 Change based Hospital Indiate Only \$11.30 \$7.56	ection (Associa on afford emnity 8 Associa under the second of the s	choose only te /Spouse \$43.83 \$98.06 \$181.15 dability. Please the Dental Electric /Spouse \$22.61	Associate contact y ction Associate	\$45.04 \$100.12 \$170.54 Four employer for a /Child(ren) \$22.61	or specifi	\$65.57 \$147.63 \$229.62 c rates.	
EnhancedCare EliteCare Advantage MV* *Rates for the MV plan are Weekly Rates ExtraCare (Hospital)	subject to	Medical Eliate Only \$22.38 \$45.37 \$92.08 change based Hospital Indiate Only \$11.30 \$7.56	ection (Associa d on afford emnity 8 Associa ction Associa	choose only te /Spouse \$43.83 \$98.06 \$181.15 dability. Please the Dental Electric /Spouse \$22.61 \$15.08	Associate contact y tion Associate	\$45.04 \$100.12 \$170.54 our employer f e /Child(ren) \$22.61 \$16.39	or specifi	\$65.57 \$147.63 \$229.62 c rates.	

waive coverage

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ASSOCIATE ACKNOWLEDGMENT

I hereby acknowledge the offer of health insurance coverage, providing Minimum Essential
Coverage (MEC) and Minimum Value (MV), for myself, and my eligible dependents. If electing
coverage, I authorize my employer to make salary reductions for my portion of the insurance
premiums. I understand that I may not make changes to my coverage elections until my
employer's next open enrollment period or due to a qualifying event.

*C: t	Data
*Signature	Date

*My typed name is my signature and constitutes acceptance/agreement as if signed in writing.