

Application for Insurance
Wen-Den Inc. – Hourly Employees
 May 01, 2023 – April 30, 2024

New Hire Open Enrollment Qualifying Event Type & Date _____

PLEASE TYPE OR PRINT LEGIBLY – COMPLETE THE ENTIRE APPLICATION **EFFECTIVE DATE OF COVERAGE:**

Personal Information

Name (Last, First, MI):		Date of Hire:	Job Title:	Salary:
Street Address:			City, State & Zip:	
Social Security Number:	Date of Birth:	Gender:	Phone Number:	
Email:		# of Weekly Work Hours:		

Elections

Plan Type:	Participation	Deduction:
Medical <input type="checkbox"/> Yes <input type="checkbox"/> No The American Worker <input type="checkbox"/> Basic MEC <input type="checkbox"/> MEC Plus	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family <input type="checkbox"/> Waive Reason: _____	Office Use ONLY
Telemedicine & Advocacy <input type="checkbox"/> Yes <input type="checkbox"/> No HealthiestYou Teladoc	\$7.38 Per Paycheck	

Dependents

Name (Last, First, MI):	Social Security Number:	Date of Birth:	Gender:	Relationship:

Applicant Signature: _____ **Date:** _____