



BELL CONCRETE / LAMAR COMPANIES

ENROLLMENT FORM

December 1, 2022 – November 30, 2023



Address Change _____

Last Name: _____ First Name: _____ Gender: _____

Social Security Number: _____ Date of Birth: _____ Date of Hire: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Salary: _____ Occupation: _____

HEALTH INSURANCE: Assured Benefits Administrators United Healthcare Network

Check here if you are Waiving Coverage _____

PER PAY PERIOD DEDUCTION (WEEKLY):

Employee Only \$0 _____

Employee + Spouse \$179.59 _____

Employee + Child(ren) \$97.86 _____

Employee + Family \$259.05 _____

VOLUNTARY DENTAL: Mutual of Omaha

Check here if you are Waiving Coverage _____

PER PAY PERIOD DEDUCTION:

Emp. Only \$7.11 _____ Emp. + Spouse \$14.49 _____ Emp. + Child(ren) \$13.83 _____ Emp. + Family \$22.18 _____

VOLUNTARY VISION INSURANCE: Superior Vision

Check here if you are Waiving Coverage _____

PER PAY PERIOD DEDUCTION:

Emp. Only \$1.67 _____ Emp. + Spouse \$3.34 _____ Emp. + Child(ren) \$3.82 _____ Emp. + Family \$5.89 _____

BASIC LIFE/AD&D: Mutual of Omaha

Life/AD&D Insurance is provided by Bell Concrete/Lamar Companies, LLC. to each employee in the amount of \$20,000. There is no cost to the employee for this benefit.

Beneficiary Name: _____ DOB: _____ Relationship: _____ Percentage: _____

Contingent Beneficiary Name: _____ DOB: _____ Relationship: _____ Percentage: _____

Do you want additional LIFE/ AD&D: Mutual of Omaha

Accept: _____ or Decline: _____

Voluntary Life/AD&D Insurance is offered by Lamar Companies, LLC. to employees and their dependents. Please see your Human Resource Director for benefit information and rates. **You must complete a Mutual of Omaha Enrollment Form to enroll in the Voluntary Life/AD&D.**

VOLUNTARY SHORT-TERM DISABILITY: Mutual of Omaha

PER PAY PERIOD DEDUCTION: SEE RATE CHART IN GUIDE

Accept: _____ or Decline: _____
Deduction amount _____

VOLUNTARY LONG-TERM DISABILITY: Mutual of Omaha

PER PAY PERIOD DEDUCTION: SEE RATE CHART IN GUIDE

Accept: _____ or Decline: _____
Deduction amount _____

VOLUNTARY ACCIDENT : Mutual of Omaha

PER PAY PERIOD DEDUCTION:

Check here if you are Waiving Coverage _____

Emp. Only \$2.39 _____ Emp. + Spouse \$3.47 _____ Emp. + Child(ren) \$5.13 _____ Emp. + Family \$6.57 _____

VOLUNTARY CRITICAL ILLNESS: Mutual of Omaha

PER PAY PERIOD DEDUCTION: SEE RATE CHART IN GUIDE

Accept: _____ **or Decline:** _____
Deduction amount _____

If electing dependents for medical, dental/vision, please provide the following:

Spouse Name: _____ Date of Birth: _____ SS#: _____ Gender: _____

Dependent Name: _____ Date of Birth: _____ SS#: _____ Gender: _____

Dependent Name: _____ Date of Birth: _____ SS#: _____ Gender: _____

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Dependent Name: _____ Date of Birth: _____ SS#: _____ Gender: _____

Employee Signature _____ Date _____