



Administrative Office: **Boon Administrative Services**
 6300 Bridgepoint Pkwy, Bldg. 3, Suite 500
 Austin, TX 78730

Lamers Bus Lines, Inc.
Enrollment Form

All employees must complete either an application or waiver form. If you are currently enrolled you must complete a form to continue coverage.

Instructions: Read the Enrollment/Change Request form and return.
 Check the box next to the action you want to take:

I am not currently enrolled and wish to enroll in the coverage choices elected below.
 I am not currently enrolled and wish to waive all coverage (must complete separate waiver form).
 I am currently enrolled and wish to: **Not** make any changes. Update my personal information Update my dependent / beneficiary information
 I have experienced a Qualifying Life Event (QLE) and wish to: Elect new coverage Add/Remove dependents Waive current coverage

Applicant (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of birth	Date of marriage
Spouse ¹ (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of birth	
Email Address		Do you agree to receive correspondence about your coverage electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work phone/ext.	Home phone
Date of hire	Annual Salary	Occupation		Applicant ID	
Home address					
City			State	Zip code	
Child(ren) Name		Social Security No.		Date of Birth	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Beneficiary: (Last, First, M.I.)		Social Security Number		Relationship:	
Contingent Beneficiary: (Last, First, M.I.)		Social Security Number		Relationship:	

Employee will be the beneficiary for any dependent coverage

¹ Spouse includes your legally married spouse, common law spouse, civil union partner, or domestic partner, if legally recognized in the governing jurisdiction.

Choose Your Option:

SmartMEC	Bi-Weekly Cost	SmartMVP Silver	Bi-Weekly Cost
<input type="checkbox"/> Employee Only	\$27.00	<input type="checkbox"/> Employee Only	\$91.67
<input type="checkbox"/> Employee + Spouse	\$49.42	<input type="checkbox"/> Employee + Spouse	\$269.38
<input type="checkbox"/> Employee + Child(ren)	\$52.87	<input type="checkbox"/> Employee + Child(ren)	\$247.59
<input type="checkbox"/> Employee + Family	\$70.42	<input type="checkbox"/> Employee + Family	\$407.13

Return completed applications to:
 Email: Sherrye@golamers.com
 Fax: Sherry Eisch 920-496-3606

Mail: Lamers Bus Lines, Inc.
Attn: Sherry Eisch
 2407 South Point Rd.
 Green Bay, WI 54313

STATEMENTS AND AGREEMENTS:

I have read or had read to me the completed enrollment form. I represent (*Residents of MN and VA: I certify*) that all statements and answers made on or attached to this enrollment form are true to the best of my knowledge and belief. I realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate.

I have read the Fraud Warning for my state shown below.

I understand that completion of this enrollment form in no way implies that I will be accepted for insurance coverage. I understand that coverage will take effect only if this enrollment form is approved by the Insurer and the first month's premium has been received by the Insurer, provided that I meet any eligibility or coverage effective date requirements listed in the policy/certificate.

The policy/certificate provides limited benefits. Review your policy/certificate carefully.

Employee Signature: _____ Date: _____

Spouse's Signature (if applicable): _____

Fraud Warning

CA: I understand that any false statement made with actual intent to deceive or which materially affects either the acceptance of the risk or the hazard assumed could bar the right to receive benefits under the policy to which this application is attached.

AL, DC, LA, NM, & RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL: I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

MA, NC & OR: I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OK: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

TN & WA: It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA: I understand that any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT: I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.

ME and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.