EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST

PARTICIPATING EMPLOYER
HEALTH PLAN ELECTION FORM
TRADITIONAL PLANS

The annual open enrollment period for the Trust Health Plans is August 1 – September 30 each year. The Participating Employer named below hereby designates on this form: (1) the coverage effective date for all elections made by its Employees during the annual open enrollment period; and (2) the Health Plan options that will be offered by the Employer to its Employees. The Participating Employer recognizes all Health Plan elections made during this annual open enrollment period are irrevocable for one year and agrees to notify Meritain Health no later than **August 1** of each year indicating any changes in the level of Health Plans being offered to its Employees.

1. Each Employer has previously designated the Open Enrollment Effective Date. **Please advise us if you are changing your Open Enrollment Effective Date.** The Participating Employer elects the following effective date for all Health Plan changes Employees make during the annual open enrollment period:

   September 1 ❑ October 1 ❑ No Change ❑

2. The Participating Employer allows the following Health Plan Selections for the next coverage period of September 1, 2016 – August 31, 2017 or October 1, 2016 – September 30, 2017 (depending on the effective date elected by the Employer):

   Individual Employee Selection of Health Plans is allowed: Yes ❑ No ❑

   If No: The Participating Employer agrees to offer only the following Health Plan to Employees for the next coverage period (Choose **one** Health Plan Option):

   ❑ A ❑ B ❑ C ❑ HDHP ❑ Plan E1

   If Yes: The Participating Employer agrees to offer the following Health Plans to Employees for the next coverage period (Choose all that apply):

   ❑ A ❑ B ❑ C ❑ HDHP ❑ Plan E1 ❑ All Plans

Name of Participating Employer: _____ Group No. _____

_____ _____
Signature of Authorized Representative Date

Please return this form no later than **August 1st** to:

Attn: Yvonne Gamble
Yvonne.Gamble@meritain.com
Meritain Health
1109 Hartman Lane, Suite 202
Shiloh, IL 62221
Fax: 888-525-2799