



BENEFIT ENROLLMENT AND CHANGE FORM

Plan information available at <https://flimp.live/WWBenefitReview>

Employee Name	
Date of Birth	
Social Security	
Mailing Address	
Phone Number	
Email	
Hire Date	
Coverage Effective	
Pay Rate	

Group Health Insurance

Tier	Cost Per Pay Period	Elect (initial)	Decline (initial)
Employee Only	\$100.00		
Employee + Spouse	\$420.00		
Employee + Child	\$505.00		
Family	\$825.00		

Group Dental Insurance

Tier	Cost Per Pay Period	Elect (initial)	Decline (initial)
Employee Only	Winning Wheels Pays		
Employee + Spouse	\$15.33		
Employee + Child	\$28.13		
Family	\$49.76		

Group Vision Insurance

Tier	Cost Per Pay Period	Elect (initial)	Decline (initial)
Employee Only	Winning Wheels Pays		
Employee + Spouse	\$2.69		
Employee + Child	\$2.99		
Family	\$5.79		

Life with ADD Insurance

Employee	Winning Wheels	Elect (initial)	Decline (initial)
\$50,000.00	Pays		

Short Term Disability Insurance

Employee	Winning Wheels	Elect (initial)	Decline (initial)
	Pays		

Designated Beneficiary

Name	Relation	Percentage

Dependents

Name	Relation	Gender	Date of Birth	Social Security Number
		M F		
		M F		
		M F		
		M F		

I understand:

- Benefit coverage is effective the first of the month following my hire date or qualifying event effective date.
- I must maintain my minimum employment status to remain eligible to receive employment benefits.
- If I am off of work or am unable to pay my premiums through payroll deduction I will need to reimburse Winning Wheels, Inc. for my portion of the premiums.
- Changes to selected elections can only be made with a qualifying event or during an annual enrollment period.

Signature**Name Printed****Date**