

2025 Enrollment/Change Form

KC Trailer Proz

Summary Information

<i>Employee Name</i>
<i>Effective Date of Election</i>
<i>Signature</i>
<i>Signature Date</i>

Request Type

- New Hire
- Annual Enrollment
- Change
- Termination

Benefits Elections

Health Plan

- Spira Care 8000
- First Spira 5000
- Saver PCB 6000
- Waive Coverage

Dental Plan

- Dental 100/80/50
- Waive Coverage

Vision Plan

- Vision 10/100
- Waive Coverage

Covered Family Members

Name	DOB	SSN	Gender	Enroll
<i>Spouse</i>				<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision
<i>Child</i>				<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision
<i>Child</i>				<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision
<i>Child</i>				<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision
<i>Child</i>				<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision

Basic Information

Please complete this section for New Hire, first time Enrollment or to update the information.

<i>Address</i>	<i>City</i>	<i>State</i>
<i>Suite/Apt</i>	<i>Date of Birth</i>	<i>Zip</i>
<i>SSN</i>	<i>Date of Hire</i>	<i>Gender</i>
<i>Phone</i>	<i>Email</i>	

New employees may enroll during effective the first day of the month after 30 days of employment. Other election windows including annual enrollment and life events. Specific requirements apply to each event. Generally, an election must be made within 30 days of the event. Questions should be directed to the contact listed on this form.

<i>Additional Notes/Requested Information</i>

Contact Information

David Evans
PREMIER NETWORK
816.591.6533 (direct)
David.Evans@Premier.Network

