Essential StaffCARE | **MEC - CHANGE FORM** | **82087000-M-CEGa**

Mail / Fax to: Planned Administrators, Inc.
PO Box 6702
Columbia, SC 29260

Telephone (866) 798-0803
Fax (803) 264-0772

Fill out this form ONLY if you are making changes in your coverage or terminating coverage.

REASON FOR THE CHANGE

☐ Address Change ☐ Name Change ☐ Add Dependent(s) ☐ Coverage Change ☐ Terminate Coverage

EMPLOYEE INFORMATION (must be filled out) — Address / Name Change

Social Security Number __ __ __ - __ __ - __ __ __ __ Date of Birth __ __ /__ __ /__ __ __ __ Sex M F

Name Home Phone - -

Street Address City ST ZIP

Employer Hire Date __ __ /__ __ /__ __ __ __

Add / Change Dependent Information

Dependent Name	Social Security Number	Date of Birth	Relationship	Gender
				M F
				M F
				M F
				M F
				M F
				M F

MEC PLAN CHANGES - Select the change you wish to make.

MEC Wellness/Preventive — Monthly Rates

☐ $58.19 Employee Only

☐ $69.53 Employee + 1

☐ $80.87 Employee + Family

☐ No Change

☐ Terminate MEC Wellness/Preventive

If electing benefits, I hereby authorize my employer to send request to PAI for enrollment into the coverage. If cancelling coverage, I understand that I have been offered an opportunity to become covered under the Essential StaffCARE plan, and I have chosen NOT to take advantage of this offer. I understand that the change will be effective the 1st of the month after the request date.

▶ SIGNATURE _____ Date __ __ /__ __ /__ __ __ __