

Harlem Valley Chamber of Commerce

Bright Choices® Benefits Exchange® — 2011

Personal Enrollment Form

Alternative to using online portal

The primary method for benefits enrollment is the Bright Choices portal.

Go to: <http://www.myliazon.com>

Group Identifier: HVCC

Username: Your first initial + last initial + last 4 of Social Security Number (SSN)

Password: 4-digit month and day of your date of birth plus the first 5 digits of your SSN

This alternative paper form may be completed by employees who do not have online access.

Please send completed forms to: Liazon, Attn: Harlem Valley, 737 Main Street, Suite 200, Buffalo, NY 14203

Or Fax to: 888-810-1059, Attn: Harlem Valley

Personal Information

<p>Employer:</p> <input type="text"/>	<p>Your Social Security Number:</p> <input type="text"/>
<p>Enrollment Type:</p> <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire <input type="checkbox"/> Status Change	<p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___/___/___ Date of Hire: ___/___/___</p>
<p>Benefits Start Date:</p> <input type="text"/>	<p>Last Name: _____ First Name: _____</p>
	<p>Street: _____</p>
	<p>City: _____ State: _____ Zip: _____</p>
	<p>Phone: _____ E-Mail: _____</p>

Dependents (attach a separate sheet of paper for additional dependents):

First and Last Name	Relationship	Date of Birth	Social Security No.
	<input type="checkbox"/> Spouse <input type="checkbox"/> Male <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Female		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Student		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Student		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Student		
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Student		

Please continue to other side.

Questions? Call the Liazon Consumer Advocacy Team at 1-866-LIAZON-1 (1-866-542-9661).

Benefits Information and Enrollment

All Benefits Selections Left Blank Will Be Treated As Waived Coverage.

Are you on Medicare? No Yes If Yes, please include your ID#: _____

If enrolling your spouse, is he/she on Medicare? No Yes If Yes, please include your ID#: _____

Have you been enrolled in another insurance policy in the last 63 days? No Yes

If Yes, please provide the following information about your previous coverage:

Insurance Company Name:	Beginning Date of Prior Coverage:
Insurance ID#:	Ending Date:

Will you/your dependents on this plan be simultaneously covered by another health plan? No Yes

If Yes, please provide the following information about the covered person(s):

Name (or "All"):	Insurance ID#:
Insurance Company Name:	Beginning Date of Prior Coverage:

Medical Insurance

Place an "X" in the box for the plan and coverage level you want.

	HMO \$25	EPO \$30/50	PPO \$35	EPO \$40/60	PPO HD \$1,500	PPO HD \$2,700	PPO HD \$4,500
Single							
Family							

Dental Insurance

Place an "X" in the box for the plan and coverage you want.

	Value	Basic	Enhanced
Single			
Single + Spouse			
Single + Child(ren)			
Family			

Long Term Disability Insurance

Yes___ No___

Monthly Income: _____

Short Term Disability Insurance

Yes___ No___

Desired Weekly Benefit: _____

Monthly Income: _____

Employee Life & AD&D Insurance

Yes___ No___

Amount: _____
(\$25,000 to \$300,000;
Up to \$100,000
Guaranteed Issue)

Spouse Life & AD&D Insurance*

Yes___ No___

Amount**:
\$10,000 ___
\$20,000 ___
\$30,000 ___

Child Life & AD&D Insurance*

Yes___ No___

Amount: \$1,000 ___
\$2,000 ___
\$3,000 ___
\$5,000 ___
\$10,000 ___

Accident Insurance

Hospital Indemnity

Place an "X" in the box for the plan and coverage you want.

Single		
+ Spouse		
+ Child(ren)		
Family		

*Employee must first elect self-coverage. **Must be less than 50% of employee coverage.

I certify that the personal information listed above is true, and that the indicated selections are my true final selections for benefits for 2011.

X _____
Signature

_____ Date