Insight Global, Inc.
2011 Enrollment Form

Please print clearly.

Name _____ SSN: _____ / _____ / _____

Address _____ Date of Birth: _____ / _____ / _____

City _____ State _____ Zip Code _____ Sex: ❒ Male ❒ Female

Phone Number _____ E-Mail _____

Work Information Title _____ Location _____ Date of Hire _____

Other Insurance Information

Do you or any members of your family have other insurance? ❒ Yes ❒ No If yes, please provide the following information:

Persons Covered: _____ Effective Date of Coverage: _____

Carrier: _____ Policy #: _____

Plan Elections

MEDICAL INSURANCE

Plan of Benefits with Blue Cross Blue Shield

❒ BCBS Standard PPO: Employee _____ Employee + spouse _____ Employee + child(ren) _____ Family _____

❒ BCBS Premium PPO: Employee _____ Employee + spouse _____ Employee + child(ren) _____ Family _____

❒ No Medical Coverage Desired ► *Why ?* _____ Coverage elsewhere _____ Other reason

DENTAL INSURANCE

****PCD required for DMO***

Plan of Benefits with Aetna

❒ Aetna DMO*: Employee _____ Employee + spouse _____ Employee + child(ren) _____ Family _____

❒ Aetna PPO: Employee _____ Employee + Spouse _____ Employee + child(ren) _____ Family _____

❒ No Dental Coverage Desired ► *Why ?* _____ Coverage elsewhere _____ Other reason

VISION

❒ Spectera: Employee _____ Employee + spouse _____ Employee + child(ren) _____ Family _____

❒ No Vision Coverage Desired ► *Why ?* _____ Coverage elsewhere _____ Other reason

FSA Medical: Elect: ❑ Waive: ❑

$_____ Per Pay Period x _____ = $_____ Per Plan Year

Effective Date: _____ *(Maximum $3,000 annual)*

FSA Dependent Care: Elect: ❑ Waive: ❑

$_____ Per Pay Period x _____ = $_____ Per Plan Year

Effective Date: _____ *(Maximum $5,000, if Spouse Participates $2,500 Max)*

Please see www.flexdirect.adp.com for additional information about Medical and Dependent Care Flexible Spending Accounts.

Employee and Dependent Information

*Only your Legal Spouse and unmarried natural, adopted or stepchildren who meet the dependent requirements are eligible for coverage.	COVERED MEMBERS						
Employee	Social Security #	Last Name	First Name	M.I.	Sex	Date of Birth	Coverage Desired
					❒ Male ❒ Female	___ /___ /___	❒ Medical ❒ Dental ❒ Vision
Primary Care Dentist (PCD) Name: (DMO ONLY) ___________________________					PCD ID#: ___________________		
Spouse*	Social Security #	Last Name	First Name	M.I.	Sex	Date of Birth	Coverage Desired
					❒ Male ❒ Female	___ /___ /___	❒ Medical ❒ Dental ❒ Vision
Primary Care Dentist (PCD) Name: (DMO ONLY) ___________________________					PCD ID#: _________________		
Child*	Social Security #	Last Name	First Name	M.I.	Sex	Date of Birth	Coverage Desired
					❒ Male ❒ Female	___ /___ /___	❒ Medical ❒ Dental ❒ Vision
Primary Care Dentist (PCD) Name: (DMO ONLY) ___________________________					PCD ID#: ____________		Handicapped ❒ Yes ❒ No / FT Student over 19 ❒ Yes ❒ No
Child*	Social Security #	Last Name	First Name	M.I.	Sex	Date of Birth	Coverage Desired
					❒ Male ❒ Female	___ /___ /___	❒ Medical ❒ Dental ❒ Vision
Primary Care Dentist (PCD) Name: (DMO ONLY) ___________________________					PCD ID#: ____________		Handicapped ❒ Yes ❒ No / FT Student over 19 ❒ Yes ❒ No
Child*	Social Security #	Last Name	First Name	M.I.	Sex	Date of Birth	Coverage Desired
					❒ Male ❒ Female	___ /___ /___	❒ Medical ❒ Dental ❒ Vision
Primary Care Dentist (PCD) Name: (DMO ONLY) ___________________________					PCD ID#: ____________		Handicapped ❒ Yes ❒ No / FT Student over 19 ❒ Yes ❒ No

YOUR AUTHORIZATION:

Insight Global provides you the opportunity to pay your contributions for medical, dental, vision and FSA with pre-tax dollars through the Section 125 Premium Only Plan. By enrolling in the Insight Global benefit plan you are acknowledging that you understand that your deductions will be pre-tax. You can save approximately 25% of each dollar spent on these expenses when you participate in this plan or more depending on your Estimated Tax Rate. Should you choose not to have your deductions taken pre-tax, please contact your HR Department.

I acknowledge that I have received and read the enrollment materials for the Insight Global, Inc. Employee Benefit Program and that I have read the information on this form.

I acknowledge that the above information represents my enrollment choice(s). **I understand that by signing this form, I am authorizing pre-tax contributions to be withheld from my pay for the coverages selected. I further understand that my pre-tax elections cannot be changed or canceled until a future benefits enrollment period or an employment or family status change occurs.** By signing this form, I represent to the best of my knowledge and belief, all statements and answers made on this form are true, complete and correct. I have not knowingly withheld any fact of circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made on this Enrollment Form may result in my or my dependents not being enrolled in the insurance plan(s), and if not discovered by the Company until after my becoming enrolled, is grounds for, and may result in, my or my dependents immediate termination from the plan(s).

I understand that the redirection of my cash compensation under this agreement shall be in addition to any redirection under other agreements or benefit plans. Under Federal Law, any amounts that are not used during a plan year to provide benefits will be forfeited and may not be paid to me in cash or used to provide benefits in a later plan year, and that my social security benefits may be slightly affected as a result of my election. This agreement is subject to the terms of the employer's cafeteria plan as amended from time to time in effect, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation redirection agreement relating to such plan(s).

Employee Signature:____ Date: ______________________________

HR Approval:____ Date: ______________________________

Please E-mail or fax completed form to:
Jenn Roovers Mills – Benefits@insightglobal.net
Fax – 404-257-1070