



**Fantastic Sams**

For Home Office Use Only	
ID#	
Plan Code:	
Effective Date	

## *Fantastic Sams Benefit Plans Enrollment Form*

### OPTION 1 – CHOOSE COVERAGE: Fill out the four sections below

MAIL COMPLETED ENROLLMENT FORM TO: NEBCO 16 International Way, Warwick RI 02886

FOR ASSISTANCE CALL: (888) 883-0080

#### Section 1:

Employee	Social Security Number	Gender	Date of Birth
Street Address	City	State	Zip Code
Daytime Phone Number	Employer	Are you actively at work? YES    NO	
Date of Hire	Occupation	Hours Worked Per Week	

#### Section 2:

<b>Select Plan:</b> <input type="checkbox"/> Basic Plan <input type="checkbox"/> Enhanced Plan <input type="checkbox"/> Premium Plan	<b>Weekly Premium: \$</b> _____ (See rate chart in brochure*)				
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Family <i>Please list all covered dependents (Spouse and/or Children) below:</i>					
Name	Gender	Date of Birth	Name	Gender	Date of Birth
Spouse			Child		
Child			Child		
Child			Child		

#### Section 3:

<input type="checkbox"/> <b>Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard  _____ / _____ Credit Card Number                      Expiration Date  Validation #: _____ (Three digit number located on the back of your card)	<input type="checkbox"/> <b>Automatic Bank Draft (attach a VOIDED check)</b>  _____                      _____ Routing Number                      Account Number  _____ Bank Name / City, State
<b>Billing Address if different from above:</b> Street _____ City _____ State _____ Zip _____	
I authorize NEBCO, the plan administrator, to deduct the periodic premium payments from my account as noted above for these benefits. This authority shall remain in force until I notify NEBCO or CAIC in writing of its cancellation.	
<input type="checkbox"/> <b>Personal Check</b> Please mail check Payable to NEBCO in the amount of one month's premium, along with completed application, to NEBCO at the above address. Once enrolled, you will receive bills on a monthly basis. To calculate monthly premium amount, multiply weekly rate by 52, then divide by 12. (Ex. \$27.05 x 52 / 12 = \$117.21)	

# *Fantastic Sams Benefit Plans Enrollment Form*

## **OPTION 1 – Continued**

### **Section 4:**

To the best of my knowledge and belief, the answers to the questions on this application are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued.

Do you understand that this coverage contains a 6-month pre-existing condition for pregnancy? \_\_\_Y\_\_\_N

**CERTIFICATION:** The undersigned applicant has read the completed application and realizes that any false statement or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect until my application is approved and the necessary premium is paid.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Date \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

CAFS-EF

The benefits offered include non-insurance products provided at an additional fee included in your monthly deduction. For a price breakdown, please call (888) 883-0080.

The Discount Medical benefits and Services are provided by VantageAmerica Solutions, Inc., a Discount Medical Card Plan Organization, located at 1275 Milwaukee Avenue, Glenview, Illinois 60025

*THIS PLAN PAYS BENEFITS FOR DOCTORS VISITS AND HOSPITAL STAYS AND OTHER ANCILLARY COVERAGE  
(SEE BROCHURE FOR COMPLETE DETAILS).*

*THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A  
SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE.*

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## **OPTION 2 – WAIVE COVERAGE: Sign and date below**

I hereby waive coverage during the open enrollment period. I understand that I cannot select coverage until the next open enrollment period in July 2009.

Date \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

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