



EMPLOYEE BENEFITS ELECTION FORM 2023

West Coast Paving is pleased to offer a great benefits package through Hometown Health medical, Kansas City Life dental, and VSP vision.

All new hires must complete this form and return it to HR within 30 days of your eligibility date in order to enroll in coverage.

Employee First & Last Name: _____
 Address City, State and Zip Code: _____
 Social Security Number: _____ Date of Birth: _____ Date of Hire: _____
 M/F: ____ Email Address: _____

Medical, Dental and Vision Insurance

Hometown Health Medical	Kansas City Life Dental	VSP Vision
<input type="checkbox"/> Enroll: HMO Gold <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive

Dependent information:

Name	SSN	DOB	M/F	Medical	Dental	Vision
<u>Spouse:</u>				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
<u>Child</u>				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
<u>Child</u>				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
<u>Child</u>				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive

By signing below, I acknowledge that I have received the required compliance notices and summaries, and I understand the coverage I have elected.

Employee Signature: _____ Date: _____