Employee Survey

Please complete the following interest form Please give us your best contact information so an insurance agent can speak with you about the policies and services that are being made available.

Completing this form does not imply coverage or issuance of an insurance policy.

Name: ____ _____ EID # _____ Gender: _____

Address: _ _____ Date of Birth: _____ State Born: _____

City: ____ _____ State: ___ _ Zip Code: _____ _____

Employer: ____Charles County Government_____ Job Title:_____ Hire Date: _____

Best Phone#: _____ E-Mail Address: _____

Spouse's Name: _____ Date of Birth: _____

Names of dependent children between 0-25 (include name/gender/birth date) as of May 2014:

_____

_____

_____

_____

Group Accident Insurance Charles County, Maryland

HIGH OPTION – 24 HOUR PLAN	Semimonthly (24pp/yr.)
Employee	$7.41
Employee and Spouse	$10.26
Employee and Dependent Children	$13.60
Family	$16.45

Wellness Benefits Included in Rates

Group Critical Illness Charles County, Maryland - Semimonthly (24pp/yr.)

NONTOBACCO - Employee

AGES	$ 5,000	$10,000	$15,000	$ 20,000	$ 25,000	$ 30,000
18-29	$ 1.22	$ 1.87	$ 2.52	$ 3.17	$ 3.82	$ 4.47
30-39	$ 1.75	$ 2.92	$ 4.10	$ 5.27	$ 6.45	$ 7.62
40-49	$ 2.90	$ 5.22	$ 7.55	$ 9.87	$ 12.20	$ 14.52
50-59	$ 5.00	$ 9.42	$ 13.85	$ 18.27	$ 22.70	$ 27.12
60-69	$ 8.77	$ 16.97	$ 25.17	$ 33.37	$ 41.57	$ 49.77

NONTOBACCO - Spouse

AGES	$ 5,000	$ 10,000	$ 15,000	$20,000	$25,000	$30,000
18-29	$ 1.22	$ 1.87	$ 2.52	$ 3.17	$ 3.82	$ 4.47
30-39	$ 1.75	$ 2.92	$ 4.10	$ 5.27	$ 6.45	$ 7.62
40-49	$ 2.90	$ 5.22	$ 7.55	$ 9.87	$ 12.20	$ 14.52
50-59	$ 5.00	$ 9.42	$ 13.85	$ 18.27	$ 22.70	$ 27.12
60-69	$ 8.77	$ 16.97	$ 25.17	$ 33.37	$ 41.57	$ 49.77

TOBACCO - Employee

AGES	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
18-29	$ 1.65	$ 2.72	$ 3.80	$ 4.87	$ 5.95	$ 7.02
30-39	$ 2.57	$ 4.57	$ 6.57	$ 8.57	$ 10.57	$ 12.57
40-49	$ 5.45	$ 10.32	$ 15.20	$ 20.07	$ 24.95	$ 29.82
50-59	$ 9.40	$ 18.22	$ 27.05	$ 35.87	$ 44.70	$ 53.52
60-69	$ 16.87	$ 33.17	$ 49.47	$ 65.77	$ 82.07	$ 98.37

TOBACCO - Spouse

AGES	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
18-29	$ 1.65	$ 2.72	$ 3.80	$ 4.87	$ 5.95	$ 7.02
30-39	$ 2.57	$ 4.57	$ 6.57	$ 8.57	$ 10.57	$ 12.57
40-49	$ 5.45	$ 10.32	$ 15.20	$ 20.07	$ 24.95	$ 29.82
50-59	$ 9.40	$ 18.22	$ 27.05	$ 35.87	$ 44.70	$ 53.52
60-69	$ 16.87	$ 33.17	$ 49.47	$ 65.77	$ 82.07	$ 98.37

Rates include cancer benefit. *Rates include: $50 Health Screening Benefit, CBP, and no additional riders.*