

Southwoods Staff Insurance Information

Last Name: _____ First: _____ Middle: _____

Address: _____ Social Security Number: _____

City/Town: _____ Date of Birth: _____

Zip Code: _____ Home Phone: _____ Gender: _____

Please List Your Dates of Employment

From: _____ To: _____

Please Choose One of the Insurance Options Below

Option 1: Private Insurance or International Staffing Agency Policy (A photo copy of the front and back of the health insurance card must be attached to this form unless using an international staffing agency insurance policy.)

Name of Parent/Guardian through whom the group or family plan is written:

Name of Insurance Company that underwrites your group or family plan:

Name of Company (where employed) which enrolls your family, if in a group plan:

Group Number: _____ ID Number: _____

Plan: _____ Type: _____ Effective Date: _____

Option 2: Southwoods Insurance (You may choose this plan if you do not carry a Hospital/Medical Insurance Policy or if you wish to complement your policy. \$150 will be taken out of your salary.)

The insured person will receive the following:
Coverage for each accident, up to a maximum \$5,000
Coverage for each illness, up to a maximum \$5,000
Coverage for accidental death, \$7,500

Coverage is in effect for up to 26 weeks following each accident/illness for necessary hospital, medical, surgical care, services and supplies such as prescription medications, x-rays and nursing.

_____ Yes. Please enroll me in the Southwoods Camper Accident/Illness Plan for the charge of \$150

Signature: _____ Date: _____