

ELECTRICAL MEDICAL TRUST

8441 GULF FREEWAY, STE. 304
PH: 713-643-9300 ♦ FX: 1-866-316-4794

I, _____, opt for the following
(Printed name of Member)

Medical Plan and Rate for 2017 – 2018:

	Medical - Retiree Under 65	2017
	\$2000 Aetna Choice POS - PPO	Rates
<input type="checkbox"/>	EE Only	\$1,053.97
<input type="checkbox"/>	EE + Spouse	\$2,107.93
	\$1000 Memorial Hermann ACO	
<input type="checkbox"/>	EE Only	\$987.87
<input type="checkbox"/>	EE + Spouse	\$1,975.72
	\$750 Kelsey - HMO	
<input type="checkbox"/>	EE Only	\$987.87
<input type="checkbox"/>	EE + Spouse	\$1,975.72

Signature of Member

Date

SSN of Member

Payment Policy - Under the Plan, payment is due on the first of the month for that coverage period. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan will not send periodic notices of payments due for these coverage periods. Although payment is due on the date shown above, you will be given a grace period of 30 days after the first day of the coverage period to make each payment. Your coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you fail to make payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan.