QualChoice® HEALTH INSURANCE

Medical Plan Selection Form
for Metallic Plans

INSTRUCTIONS: During Open Enrollment, all employees electing medical coverage must complete this form. Note: If you are a new enrollee, you must complete a Group Employee Application.

Employer/Group Plan Sponsor Name: _____

Section I: Employee Information		
Employee Legal Name (Last, First, MI)	Social Security No. or QualChoice ID No.	Date of Birth (MM/DD/YYYY)

Section II: Medical Plan Selection *Please select one of the options available to your group.*

OPTION 1	**OPTION 2**	**OPTION 3**
Please Select One	**Please Select One**	**Please Select One**
☐ Bronze POS ☐ Bronze PPO	☐ Bronze POS ☐ Bronze PPO	☐ Bronze POS ☐ Bronze PPO
☐ Silver POS ☐ Silver PPO	☐ Silver POS ☐ Silver PPO	☐ Silver POS ☐ Silver PPO
☐ Gold POS ☐ Gold PPO	☐ Gold POS ☐ Gold PPO	☐ Gold POS ☐ Gold PPO
☐ Platinum POS ☐ Platinum PPO	☐ Platinum POS ☐ Platinum PPO	☐ Platinum POS ☐ Platinum PPO
$_____ deductible	$_____ deductible	$_____ deductible

Section III: Disclosure and Acknowledgement

I agree that all the information provided on this form is correct and true to the best of my knowledge. I understand that it is the basis on which coverage may be issued under the plan. I further authorize my employer to deduct from my earnings the contribution required (if any) to apply toward the cost of this plan. I certify that I am working at the employer's place of business in permanent employment as defined by my employer.

I further acknowledge that even if my application is approved, any misstatements or omissions may result in future claims being denied and the policy being rescinded (cancelled) for any of the coverages issued.

I, the applicant, acknowledge that I have read this disclosure statement in its entirety.

Employee Signature	Date (MM/DD/YYYY)
Group/Plan Administrator Signature	Date (MM/DD/YYYY)

QualChoice Holdings, Inc. is the parent company of QualChoice Life and Health Insurance Company, Inc. and QCA Health Plan, Inc. (collectively 'QualChoice'). POS plans are underwritten by QCA Health Plan, Inc. PPO plans are underwritten by QualChoice Life and Health Insurance Company, Inc.