



**Employee Benefit Trust**  
 1205 Windham Parkway  
 Romeoville, IL 60446  
 800.807.9460 / 630.378.3005 fax

**Part 1 - Probation Election**

Location Name <input style="width:95%;" type="text"/>	<i>Please select only one option.</i> <input type="checkbox"/> <b>Option 1</b> Date of hire <input type="checkbox"/> <b>Option 2</b> First day of the month following date of hire <input type="checkbox"/> <b>Option 3</b> First day of the month following a one month probation period <input type="checkbox"/> <b>Option 4</b> First day of the month following a two month probation period
Effective Date of Change <input style="width:95%;" type="text"/>	Location # <input style="width:95%;" type="text"/>

**Option 1:** First day of work. *(Please note, you will be billed for a full month's contribution regardless of hire.)*

**Option 2:** First of the month (coinciding with or next following) from hired date.  
 Example: **Date of Hire:** 01/01/20xx **Effective Date of Coverage:** 01/01/20xx  
 Example: **Date of Hire:** 01/15/20xx **Effective Date of Coverage:** 02/01/20xx

**Option 3:** 30 days, then first of the month (coinciding with or next following) from hired date.  
 Example: **Date of Hire:** 01/01/20xx **Effective Date of Coverage:** 02/01/20xx  
 Example: **Date of Hire:** 01/15/20xx **Effective Date of Coverage:** 03/01/20xx

**Option 4:** 60 days, then first of the month (coinciding with or next following) from hired date.  
 Example: **Date of Hire:** 01/01/20xx **Effective Date of Coverage:** 03/01/20xx  
 Example: **Date of Hire:** 01/15/20xx **Effective Date of Coverage:** 04/01/20xx

**Part 2 - Non-Contributory/Contributory (Optional Benefits)**

<i>Please Indicate Below Which Applies to Your Location.</i>	Effective Date of Change <input style="width:95%;" type="text"/>	
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**\*Non-Contributory:**

<u>Employee</u>	<u>Dependent</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

The employer pays the full, 100% cost of the optional benefits and the employee is automatically enrolled following any probationary period, if applicable. *(This would also apply to the employee's dependent(s) if the employer pays the full 100% cost of the dependent(s) optional benefits.)*

**\*Contributory:**

<u>Employee</u>	<u>Dependent</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

The employer requires the employee to pay part of the cost of optional benefits (at least 50 percent must be paid by the employer). The employee has the option of enrolling within 31 days of eligibility. Under this arrangement, the employee has the right to waive their optional benefits.

**Please note**, if the employee does not enroll within 31 days of eligibility or waives coverage, they must then wait until the next Open Enrollment period to enroll if they wish, unless a future event qualifies as a special enrollment situation.

*(All eligible employees become covered for Life Insurance as well as Long - Term and Short - Term Disability either on the first day of work or at the end of the probationary period. This coverage is paid by the employer and cannot be waived by the employee.)*

Signature of the Benefits Administrator <input style="width:95%;" type="text"/>	
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