



# WESTERN HEALTHCARE INSURANCE TRUST (WHIT)

Email: [WHIT@Vimly.com](mailto:WHIT@Vimly.com) Phone: (425) 367-0731

Website: [www.simon365.com](http://www.simon365.com)

Return Form To: PO Box 6 Mukilteo, WA 98275

## Employee Enrollment/Change Form

**WHIT Account  
Number:**

Please mark all boxes that apply and return to your Human Resources Department.

<b>EMPLOYER</b>	Group Name			Employee Date of Hire:	Effective Date:	Salary:	Employee Billing Class:		
	ENROLLMENT (check one): <input type="checkbox"/> New Employee <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Status Change			Status Change Reason: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Death <input type="checkbox"/> Involuntary loss of coverage <input type="checkbox"/> Change in class <input type="checkbox"/> Court order <input type="checkbox"/> Other _____				Date of Event:	
<b>EMPLOYEE</b>	Home Address:			City		State	Zip		Home Phone
	ADD	DROP	Relationship to Employee	Last Name	First Name	SSN	Date of Birth	Gender M/F	
			Employee						
	<input type="checkbox"/>	<input type="checkbox"/>	Spouse/Domestic Partner						
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
<b>BENEFICIARY</b>	This designation applies to Life / Life with AD&D Insurance available through your Employer, if any. Designations are not valid unless signed, dated and delivered to the employer during your lifetime.								
	Primary- Full Name			Relation		Address		SSN	% of Benefit
	Contingent- Full Name			Relation		Address		SSN	% of Benefit
<b>COVERAGES</b>	Delta Dental of Washington 400 Fairview Ave N Seattle, WA 98109-5371			Dual Choice Group#	Employee Only <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>	Employee + Child(ren) <input type="checkbox"/>	Employee + Family <input type="checkbox"/>	Decline <input type="checkbox"/>
	Willamette Dental of Washington, Inc. 6950 NE Campus Way Hillsboro, OR 97124				Employee Only <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>	Employee + Child(ren) <input type="checkbox"/>	Employee + Family <input type="checkbox"/>	Decline <input type="checkbox"/>

	<b>Vision Service Plan</b> 333 Quality Drive Rancho Cordova, CA 95670	Employee Only <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>	Employee + Child(ren) <input type="checkbox"/>	Employee + Family <input type="checkbox"/>	Decline <input type="checkbox"/>
	<b>The Standard</b> 1100 SW 6 <sup>th</sup> Ave Portland, OR 97204	Basic Life <input type="checkbox"/>  Class:.....	Basic Dep Life <input type="checkbox"/>	LTD <input type="checkbox"/>  Buy Up <input type="checkbox"/> Salary: ..... Class:.....	STD <input type="checkbox"/>  Class..... Salary:.....	Voluntary Life or ADD: The Standard Enrollment Form must be completed to apply for this coverage. <input type="checkbox"/>
	<b>MetLife</b> 200 Park Ave, New York, NY 10166	Basic Life <input type="checkbox"/>  Class:.....	Basic Dep Life <input type="checkbox"/>	LTD <input type="checkbox"/>  Buy Up <input type="checkbox"/> Salary: ..... Class:.....	STD <input type="checkbox"/>  Class.....	Voluntary Life or ADD: the MetLife Enrollment Form must be completed to apply for this coverage. <input type="checkbox"/>
COVERAGES	<b>MetLife</b> Critical Illness	Employee Only <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>	Employee + Child(ren) <input type="checkbox"/>	Employee + Family <input type="checkbox"/>	Decline <input type="checkbox"/>
	<b>MetLife</b> Accident	Employee Only <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>	Employee + Child(ren) <input type="checkbox"/>	Employee + Family <input type="checkbox"/>	Decline <input type="checkbox"/>
	<b>MetLife</b> Hospital Indemnity	Employee Only <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>	Employee + Child(ren) <input type="checkbox"/>	Employee + Family <input type="checkbox"/>	Decline <input type="checkbox"/>
	<b>MetLife</b> Identity & Fraud Protection	Employee Only <input type="checkbox"/>	*Accepts Authorization		Employee + Family <input type="checkbox"/>	Decline <input type="checkbox"/>
	<b>MetLife</b> Legal Plan	Accept <input type="checkbox"/>		Decline <input type="checkbox"/>		
The undersigned understands that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.						
					Employee Signature & Date (Required)	

**\*Authorization Language:**

I authorize Aura Sub, LLC ("Aura") to confirm my identity, obtain and monitor my credit information from the credit bureaus on a recurring basis in order to provide the Aura products and services I have ordered as long as I have an account with Aura. I also authorize Aura depending on the Aura products and services ordered, to retrieve and monitor my personal information, and motor vehicle and other records. I acknowledge that I may be required to activate certain services, including taking action to download, install, or provide additional information before obtaining access to the Aura products and services. By opting in, I confirm I have read, understood and agree to be bound by Aura's [Terms of Service](#) and acknowledge Aura's [Privacy policy](#).