

Critical Illness Insurance

Employees of Concentra Operating Corporation– 0139935

Complete the below information to enroll in:

\$10,000 category benefit for you
\$10,000 category benefit for your spouse/domestic partner*
\$10,000 category benefit for your dependent child(ren)

Enrollment in this benefit is available as a new hire, life changing event, or during annual enrollment.

Mail or fax the completed form to MetLife, Attn Critical Illness Insurance:
PO BOX 6120
Scranton PA 18505-9972
or
Fax to: 1-866-268-2621

YES: I would like Coverage for myself

Name: _____

Address: _____

City, State, Zip _____

SSN Number _____

Date of Birth: _____

YES: I would like Coverage for my Spouse[/Domestic Partner*]

Spouse[/Domestic Partner*] Name _____

Spouse[/Domestic Partner*] Date of Birth: _____

YES: I would like Coverage for my Child(ren)

Child(ren) Name	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____

By signing this form, I declare that I am actively at work on the date of this enrollment. If I am not actively at work on the Certificate effective date I understand that coverage will not take effect until I return to actively at work status. I also declare that all persons to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses.

Please refer to the attached Disclosure Statement or Outline of Coverage for the exclusions, limitations, waiting periods, and terms applicable to the coverage.



Employee Signature _____

MetLife Critical Illness Insurance (CII) is a limited group policy. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most states, there is a 30-90 day waiting period after the effective date of coverage and a preexisting condition exclusion. In some states there is a benefit suspension period between covered conditions in different categories or a limit on the total benefit payments per calendar year. A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Document or Outline of Coverage. Please contact MetLife for more information.

[*Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]