

# 14/14 NAGE (Humana VIP)

**Name** \_\_\_\_\_

On the accompanying benefit applications and this enrollment form, I have applied for certain benefits offered through the above group. It is my decision to receive the following through allotment / payroll deduction.

80330 <b>Disability Plan (Occ 2)</b>	ONE YEAR	<b>Initial Election</b>	<b>14/14 ELIM. Bi-Weekly Deduction</b>
\$ 800 per month Benefit			\$20.51
\$1000 per month Benefit			\$25.64
\$1200 per month Benefit			\$30.77
\$1400 per month Benefit			\$35.90
\$1500 per month Benefit			\$38.46
\$1600 per month Benefit			\$41.03
\$1800 per month Benefit			\$46.15
\$2000 per month Benefit			\$51.28
\$2500 per month Benefit			\$64.04

**Authorized Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_



**UNITED  
BENEFITS**

866-558-2121

419 E Tennessee St Florence AL 35630