

**COLONIAL SUPPLEMENTAL INSURANCE  
ELECTION FORM**

WHIRLWIND STEEL BUILDINGS, INC. BCN E7787765 & E787757  
NORMA HERNANDEZ – PHONE: 832 553 4667

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

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Eligibility Date: \_\_\_\_\_

Salary 24 pay cycle       Hourly 52 pay cycle

**Disability Insurance** - provides income replacement to help make ends meet if you become disabled from a covered accident or illness.

**Life Insurance** – enables you to tailor coverage for your individual needs and helps provide financial security for your family members.

**Accident Insurance** – helps offset the unexpected medical expenses, such as emergency room fees, deductibles and co-payments, that can result from a fracture, dislocation or other accidental injury.

**Cancer Insurance** – helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides benefits for specified cancer-screening tests.

**Critical Illness Insurance**- complements your major medical coverage by providing a benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

**Hospital Confinement Insurance** – provides benefits for hospital confinement and outpatient surgery to help offset the gaps caused by co-payments and deductibles that are not covered by most major medical plans.

Please be aware that these benefits have the following features:

- Pay in addition to any other insurance you own
- Pay cash benefits directly to you
- Are at a discount through payroll deduction
- Can be taken with you if you leave your employment

For cost and complete details, please ask your H. R. representative to set up an appointment with a Colonial representative.

**X** \_\_\_\_\_  
I would like to obtain more information  
in the benefits circled above.

**X** \_\_\_\_\_  
I elect to waive my opportunity to  
participate for this plan year.