



Critical Illness Plan

Administered by McDaniel Hazley Group
Toll-Free: 1-866-668-5421
FAX: 573-896-9971

PLEASE PRINT CLEARLY

Payroll # ACI1
Dept: _____
Loc: _____
Clerk: _____

ADD CHANGE CANCEL

Employee Name

_____ / /
Last First Middle Date of Birth

Employer: State of Missouri

Deductions: Semi-monthly

Department: _____ Facility/Location: _____

CRITICAL ILLNESS (includes wellness & cancer benefits)

\$15,000 COVERAGE \$10,000 COVERAGE \$5,000 COVERAGE

\$ _____
INSERT PREMIUM

\$ _____
INSERT PREMIUM

\$ _____
INSERT PREMIUM

CHECK HERE FOR Employee Employee + Child(ren)
 Employee + Spouse Employee + Family

CHANGE - Check here if there has been a change in family status (within last 30 days)

IF SO, WHAT TYPE OF CHANGE? MARRIAGE BIRTH ADOPTION EMPLOYMENT STATUS

DATE OF CHANGE? _____:

CURRENT CERTIFICATE NUMBER: _____:

_____/_____/_____/2007

Employee Signature

Employee Soc Sec Number

Date

I authorize the State of Missouri to deduct this premium amount from each payroll check (24 times per year) until cancel this authorization or until I leave State employment.