

Employee Information Sheet and Insurance Waiver

Lee's Food Mart # _____ New _____ Change _____ Date _____

Employee Information:

First Name _____ M.I. _____

Last Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Social Security # _____

Gender Male _____ Female _____

Hire Date _____

Date of Birth _____

Compensation:

Federal Information:

Hourly Rate _____

State Subject to W/H Taxes:

Filing Status:

Tennessee _____

_____ Single

Kentucky _____

_____ Married

Virginia _____

_____ Married Withhold Single Rate

State Subject to UNEMPLOYMENT TAXES:

_____ Allowances Extra W/H\$ _____

Tennessee _____

Kentucky _____

Virginia _____

Bank Information:

City Taxes (WHERE APPLICABLE):

Checking _____ Savings _____

Middlesboro _____

Bank Name _____

Pineville _____

ABA Routing # _____

Barbourville _____

Account # _____

TO WHOM IT MAY CONCERN:

This is to certify that I do not wish to enroll in the Company's health insurance coverage, due to the fact that I am covered under health insurance policy # _____ with (name of insurance company) _____ from another source or I prefer to waive my right to any and all Company provided health insurance coverage. I understand this fully releases the Company of any and all liability for providing health insurance.

Employee Print Name

Employee Signature

Date

LEE OIL COMPANY---LEE FOOD MARTS

Insurance Election Form

WEEKLY-DEDUCTIONS

PLAN 1 BW4i

MEDICAL \$3,000 deductible

<input type="checkbox"/> Employee	\$ 65.49
<input type="checkbox"/> Employee & Spouse	\$ 184.31
<input type="checkbox"/> Employee & Children	\$ 172.43
<input type="checkbox"/> Family	\$ 326.90

DENTAL

<input type="checkbox"/> Single	\$ 8.24
<input type="checkbox"/> Employee & Spouse	\$ 18.78
<input type="checkbox"/> Employee & Children	\$ 15.81
<input type="checkbox"/> Family	\$ 26.69

VISION

<input type="checkbox"/> Single	\$ 2.01
<input type="checkbox"/> Employee & Spouse	\$ 4.02
<input type="checkbox"/> Employee & Children	\$ 3.82
<input type="checkbox"/> Family	\$ 5.99

BASIC LIFE (First time enrolles for Medical only)

<input type="checkbox"/> Single	\$ 0.00	<input type="checkbox"/> Single	\$ 0.00
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VOLUNTARY LIFE Cost varies based on age, gender and coverage selected underwritten

I DECLINE ALL COVERAGE

NO CHANGE

Employee Name _____

Signature _____ Date _____

*New Employees added 1st of month after 60 days

*Application must be completed to elect new coverage or to change existing coverage