MERP Enrollment Form

EMPLOYER INFORMATION

Employer Name: Austal, USA, LLC

Please mail, e-mail or fax completed form to:

Sheryl Wainwright
100 Addsco Road
Mobile, AL 36602

Email: **Sheryl.wainwright@austalusa.com**
Telephone: **251-445-7388**

I am enrolling in the MERP for (Please check one): ☐Self Only ☐Self & Child(ren) ☐Child(ren) Only ☐ Spouse Only ☐ Self & Spouse ☐Self & Family ☐Spouse & Child(ren)

PARTICIPANT INFORMATION

Employee Name:	Birthdate:	Hire Date:
Social Security No:	Gender: ☐M ☐F	Date Eligible for MERP:
Home Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

SPOUSE INFORMATION

Spouse Name:	Birthdate:	Gender: ☐M ☐F
Social Security No:	Spouse's Employer:	

DEPENDENT INFORMATION: (Attach a separate sheet if additional space is needed for additional dependents)

Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		

PARTICIPANT AUTHORIZATION

* If the other coverage is a HDHP and your spouse is not enrolled in the MERP, your spouse may contribute to the HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the MERP. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the MERP. Also, if your primary health coverage is through Medicare, Tricare, VA health care, or Medicaid, you are not eligible for the MERP.

I hereby authorize my employer to enroll me into the employer sponsored MERP. I agree to comply with the terms and conditions of the plan. You may be prosecuted for fraud for knowingly using health insurance benefits for which you are not eligible. It is YOUR responsibility to know when you or a family member is no longer eligible for MERP benefits.

Employee Signature: **Date:**