TURN KEY SCAFFOLD, LLC
CSLB No. 1031228
3577 Dalbergia Street
San Diego, CA 92113
619.642.0880

March 6, 2019

URGENT – TIME SENSITIVE

HEALTH INSURANCE RENEWAL

Dear TKS Employee:

It is time once again for **Open Enrollment for Health Insurance. Please sign and return this form by MARCH 22, 2019 indicating if you would like to renew, change or waive coverage. Todo los empleados que son eligible deben responder no mas tarde que March 22, 2019 para aceptar o no cobertura.** You will receive an email from seth@brewerhealth.com (EASECENTRAL), on instructions to enroll, change, and/or waive benefits.

IF YOU WANT TO KEEP YOUR CURRENT PLAN, please check and sign below. The policy will be renewed automatically and you do not have to fill out the online form. Please note that there is a slight premium increase.

IF YOU WOULD LIKE TO ADD OR CHANGE COVERAGE, please contact our insurance broker, Seth Brewer for questions at (760) 420-3388 seth@brewerhealth.com. Pueden contactar a Britta Brewer si tienen alguna pregunta (760) 525-8848 britta@brewerhealth.com. You will have to fill out the online form. **YOU MUST COMPLETE BY MARCH 22, 2019**.

IF YOU WOULD LIKE TO DECLINE COVERAGE, please call or come in to the office to sign a waiver. YOU MUST SIGN **A NEW WAIVER** FOR 2019 EVEN IF YOU HAVE SIGNED A WAIVER IN THE PAST.

Deductions from your paycheck will begin on the April 5, 2019 paycheck with the new premium increase.

"Open Enrollment" is the only time you can make changes/add to your current Medical Coverage.

"**Open Enrollment**" period is **March 6th - March 22nd for an April 1, 2018 effective date.** You will **NOT** have another opportunity to enroll outside of this period unless you meet Special Enrollment or Qualifying Event. Please call if you have questions.

On behalf of Mick & Ashley – TKS is pleased to be able to offer these benefits to you and your family.

I would like to (PLEASE CHECK ONE):

_____ RENEW CURRENT POLICY WITHOUT CHANGES

_____ ADD OR CHANGE COVERAGE – PLEASE CONTACT SETH OR BRITTA

_____ DECLINE COVERAGE – **PLEASE SIGN A WAIVER IN THE OFFICE**

DATE:

_____
SIGN NAME

_____
PRINT NAME

FAILURE TO TIMELY COMPLY AND ANY LOSS OF BENEFITS THEREBY ARE THE SOLE RESPONSIBILITY OF THE EMPLOYEE. EMPLOYEE HOLDS TKS HARMLESS FROM ANY CLAIM OR PURPORTED LOSS