

# McDOWELL TECHNICAL COMMUNITY COLLEGE

## Supplemental Insurance Request Form

Supplemental Insurance is provided by The Pierce Group

### To Be Completed by Employee:

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### Please select one of the following:

I am Interested In McDowell Technical Community College Supplemental Insurances

I am NOT Interested in McDowell Technical Community College Supplemental Insurances

\_\_\_\_\_  
Employee Signature/Date

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### **To be completed by HR/Payroll:**

Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

BenSelect  
E-Mail  
XBDEMP