



**GREENVILLE MEATS, INC.**

[www.gmibenefits.com](http://www.gmibenefits.com)

# Voluntary benefits ENROLLMENT

1. Complete enrollment form at right.
2. Complete *Companion* enrollment form (NEW participants).
3. Send to:  
Resource Equity Group  
P.O. Box 5556  
Greenville, SC 29606  
  
Or, fax to 864-242-0698

**OR,**



Agent: Resource Equity Group  
P. O. Box 5556, Greenville, SC 29605 800-527-1397; 864-235-9999; Fax 864-242-0698  
Email: [mailbox@regroupusa.com](mailto:mailbox@regroupusa.com)

Effective 4-1-16



Select desired coverage(s) below:

- LIFE INSURANCE:**  
Employee: Amount \$ \_\_\_\_\_  
Spouse: Amount \$ \_\_\_\_\_  
Children: Amount \$ \_\_\_\_\_
- LONG TERM DISABILITY**  
Monthly benefit: 60% of salary
- DENTAL INSURANCE:**
  - Employee Only
  - Employee & Spouse
  - Employee & Children
  - Employee & Family
- VISION CARE:**
  - Employee Only
  - Employee & Spouse
  - Employee & Children
  - Employee & Family

I elect to participate in the Greenville Meats, Inc Voluntary Benefits Plan, and authorize Greenville Meats, Inc. to adjust my compensation as necessary to pay my share of the cost for the employee benefit plans, in accordance with the terms of the Plan. This election takes effect on the effective date and on the plan anniversaries which coincides with the next following plans years.

**EMPLOYEE:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**SIGNED X** \_\_\_\_\_

**DATE** \_\_\_\_\_