



2017 Benefits Enrollment Documentation Processing EMAIL / FAX COVER SHEET

Tyson Foods, Inc.

1. Please place this cover sheet as your first page when emailing or faxing your documents.
2. Be sure to clearly write the TEAM Member's name and Tyson Personnel ID Number at the top of each page you submit.
3. Documents can be submitted at any time between your date of hire and the 15th of the month prior to your benefit effective date.
4. Failure to use this cover sheet may result in delayed processing of documents.
5. Completion of this form is not a guarantee of coverage. You must still participate in the enrollment process as outlined in your How to Enroll document.

TEAM Member Name: _____ (Last name, First name, Middle initial)	Personnel ID Number: _____
Email Address: <i>(Preferred method)</i> Tyson.Docs@univers.biz Secure, Paperless Fax: 1-610-362-8871 <i>IMPORTANT: Please double check that the fax number you dialed is correct before hitting send and be sure to gather your fax confirmation sheet after your fax.</i>	Phone Number: Please provide a phone number and contact name for any outreach required. (_____) _____ (Area Code) Phone Number _____ (Contact Name – TEAM Member, Benefits Counselor, Other)
<p><i>By providing your signature below, you agree to receive insurance benefit or enrollment related calls from your employer's benefit enrollment center using an automated telephone dialing system and/or pre-recorded voice to any of the telephone numbers you provided above. You may withdraw your consent at any time by calling the enrollment center. Your response to this question does not impact your benefits enrollment or eligibility in any way.</i></p> <p>Signed: _____ Date: _____</p>	
Enrollment Type: <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire	Benefit Effective Date: _____
Type of Coverage You Wish to Elect: <input type="checkbox"/> Covered by Tyson Spouse (Spouse Personnel # _____) <input type="checkbox"/> Covered by Tyson Parent (Parent Personnel # _____) <input type="checkbox"/> TEAM Member Only <input type="checkbox"/> TEAM Member + Spouse <input type="checkbox"/> TEAM Member + Child(ren) <input type="checkbox"/> TEAM Member + Spouse + Child(ren) <input type="checkbox"/> Waive Coverage	
<p>If you are covering dependents for health insurance, supporting documentation is required. You will receive a list of acceptable documents with your New Hire enrollment materials. Please call the Dependent Documentation Processing Center at 1-877-561-0240 (Weekdays, 8:00 a.m. to 7:00 p.m. Central Time) if you have questions or have trouble locating your documents.</p> <p>Remember, you must complete your enrollment in order to qualify for the non-tobacco user incentive for yourself and your spouse and to waive the spousal surcharge if applicable.</p> <p><i>I confirm that the information I have provided is accurate and up-to-date. I understand that failure to provide the necessary documentation will disqualify the dependent coverage and re-enrollment will not be permitted until the next plan year if eligible. I may be responsible for the full amount of the benefit claims incurred by any dropped dependent. In addition, I understand that providing false information may result in disciplinary action up to and including termination.</i></p>	