# Health Insurance
# 2027 Open Enrollment (OE) Application
# Nov. 1 – Nov. 30

Please note: If you have no changes to your Health Insurance for 2027, do NOT complete an application; your benefits will continue as is (eligibility requirements still apply).

New hires or employees with a qualifying life event: Use the Health Insurance Application found on the New Hire or Qualifying Life Event page at http://benefits.wincofoods.com/.

This application is for health insurance (medical, prescription, dental, vision) benefits and must be completed in its entirety; required documentation to add dependents **must** be received or postmarked within the time frames listed below. Incomplete applications are not processed; notification will be mailed to your home address on file with WinCo with a very short deadline to resubmit.

If the deadline is missed, **no coverage will take effect.** Changes go into effect 1/1/27 once benefit eligibility is verified.

**HOW TO SUBMIT THIS APPLICATION:**

1. Fax to 208-672-2025. Faxing early in November is recommended. Please retain your successful fax confirmation page; this should have an image of the form. **Faxes must be received before 11:59 pm MST on November 30, 2026.**
2. U.S. Mail to WinCo Holdings, Attn: Benefits, PO Box 5756, Boise, ID 83705 (certified if you desire proof of delivery). **Mail must be postmarked no later than November 30, 2026.**

E-mailed applications are not accepted; interoffice mail is strongly discouraged.

**RECEIPT VERIFICATION:**

Benefits will send an application received confirmation to the e-mail you have on file within 3 business days. If you do not get an email from Benefits, please e-mail benefits@wincofoods.com to confirm your application was received.

**REQUIRED DOCUMENTATION:** Documented proof of relationship (marriage and/or parent/guardianship) is required to add dependents.

**Applications without REQUIRED PROOF are incomplete and will not be processed.**

Examples:

| Relationship: | Proof Document: | Note: |
|---|---|---|
| *Your Legal Spouse* | Certified Marriage Certificate or Souvenir Certificate | |
| *Your Child; Step-Child*; or Adopted Child* | Birth Certificate or Souvenir Certificate; Ad option: Court Document (signed by judge) *Step-Child: Birth AND Marriage Cert. reqd. | Adoption: Child support, Social Services, or Adoption Agency paperwork must be signed by social work or agency official. |

Do not send original documents. Social Security cards are not proof. All documents must be translated to English.

**TERMS AND CONDITIONS FOR INSURANCE APPLICATION:**

By submitting this application, I understand and agree to the following terms and conditions:

- I am responsible for maintaining my enrollment and the eligibility of my dependent(s) in the WinCo health insurance benefits plan. Failure to do so could be considered fraud. Benefits may be denied, terminated, or rescinded retroactively to its effective date, and I will be subject to WinCo's progressive discipline policy, up to and including termination.
- If this application is approved, coverage will begin or end on the date assigned by WinCo.
- I understand that the WinCo's Notice of Privacy Practices is available for my review in the WinCo Summary Plan Document (SPD) at my work location, upon request to the Benefits office, and electronically online at http://benefits.wincofoods.com.
- The Summary Plan Description (SPD) is the document that explains the terms of coverage. Plan members should review the SPD, which is available online at http://benefits.wincofoods.com or upon request to Benefits.
- I affirm that I have reviewed all answers given on this enrollment and, regardless of whether an independent producer or other person has filled out the answers for me, I verify that the answers are true and complete to the best of my knowledge.
- I understand if I decline coverage that I am not eligible to enroll in coverage until I have a qualified life event or until open enrollment.

*For assistance, contact the Employee Benefits Department at benefits@wincofoods.com or at 800-341-6543, option 4.*

**2027 Health Insurance Open Enrollment Application**

| **Employee Information – Please complete all fields** | | | |
|---|---|---|---|
| Your Name (Last, First Middle) | | Date Employed | Social Security Number |
| Email Address | | 6 Digit Employee Number | Phone Number |
| Marital Status<br>❑ Single ❑ Married ❑ Divorced ❑ Widowed | Tobacco User<br>❑ Yes ❑ No | Date of Birth | Gender<br>❑ Male ❑ Female |

**2026 Open Enrollment - Please select ONE option; "Health Coverage" includes Medical; Prescription; Dental; and Vision.**

| Health Coverage | Monthly Rate | Health Coverage | Monthly Rate |
|---|---|---|---|
| ❑ Employee only | $60.00 | ❑ Employee + spouse | $86.50 |
| ❑ Employee + 1 child | $77.50 | ❑ Employee + spouse + child(ren) | $90.00 |
| ❑ Employee + 2 or more children | $86.50 | ❑ Cancel **ALL current** coverage | $ 0.00 |

Insurance premiums are deducted once a month. WinCo is a premium only plan. Pretax is the default enrollment.

**Dependent Info – Proof documents (IN ENGLISH) required to add. Applications will not be processed without proof.**

Canceling Dependents: Enter dependent information below and select "Remove Dependent"; ensure coverage level is updated above. Adding Dependents: Enter dependent information below; select "Add Dependent"; ensure coverage level is updated above; include proof (documentation must be translated to English). If additional space is needed, attach a separate page. See cover page for accepted proof documents.

| First Name | Middle Initial | Last Name | Social Security Number/ITIN | Relationship | Date of Birth |
|---|---|---|---|---|---|
| | | | | | |
| ❑ Add Dependent ❑ Remove Dependent | | Documentation attached? ❑ Yes | Gender ❑ Male ❑ Female | Tobacco User ❑ Yes ❑ No | |
| First Name | Middle Initial | Last Name | Social Security Number/ITIN | Relationship | Date of Birth |
| | | | | | |
| ❑ Add Dependent ❑ Remove Dependent | | Documentation attached? ❑ Yes | Gender ❑ Male ❑ Female | Tobacco User ❑ Yes ❑ No | |
| First Name | Middle Initial | Last Name | Social Security Number/ITIN | Relationship | Date of Birth |
| | | | | | |
| ❑ Add Dependent ❑ Remove Dependent | | Documentation attached? ❑ Yes | Gender ❑ Male ❑ Female | Tobacco User ❑ Yes ❑ No | |
| First Name | Middle Initial | Last Name | Social Security Number/ITIN | Relationship | Date of Birth |
| | | | | | |
| ❑ Add Dependent ❑ Remove Dependent | | Documentation attached? ❑ Yes | Gender ❑ Male ❑ Female | Tobacco User ❑ Yes ❑ No | |
| First Name | Middle Initial | Last Name | Social Security Number/ITIN | Relationship | Date of Birth |
| | | | | | |
| ❑ Add Dependent ❑ Remove Dependent | | Documentation attached? ❑ Yes | Gender ❑ Male ❑ Female | Tobacco User ❑ Yes ❑ No | |

**Statement Of Understanding**

**By signing, I represent that all information is complete and accurate, and I understand and agree to the terms and conditions of applying for WinCo's insurance benefits listed on page 1 of this application.**

Signature: Do not type signature Date:

Reminder: Applications submitted without proof documents (marriage/birth certificates; court docs; see page 1) are incomplete and will not be accepted. Social Security cards are not proof documents. Do not send original documents. Document must be translated to English.

Note: Insurance cards are mailed mid-January; please schedule appointments accordingly.

Return application and proof of relationship (if adding) by fax, 208-672-2025, or mail to WinCo Holdings, Attn: Benefits, PO Box 5756, Boise, ID 83705. Benefits will send an application received confirmation to your email on file within 3 business days. If you do not receive an e-mail from Benefits, please email benefits@wincofoods.com to confirm your application was received.

Questions - email benefits@wincofoods.com or call 800-341-6543, option 4.