



# COASTAL TRANSPORT CO., INC.

1603 Ackerman Road · San Antonio, TX 78219

(210) 661-4287 · (800) 523-8612 · Fax (210) 661-9368

*...Miles Ahead*

Dear Employee:

Re: Insurance Benefits Information Sheet

We are pleased to welcome you to Coastal Transport Co., Inc. (CTCO) and wish you a successful and satisfying career at CTCO. As a full-time employee, working a minimum of 30 hours per week you will be eligible for Insurance Benefits beginning the 1<sup>st</sup> of the month following 60 days of employment. All employees that have satisfied their applicable waiting period are eligible to enroll during their initial enrollment period or make any changes during the open enrollment period. Please note Evidence of Insurability may be required if enrolling in some insurance products.

Approximately a month after you are hired, you will receive an envelope with your Insurance Benefits Enrollment information enclosed. **It is extremely important that you complete the Benefit Enrollment Forms and return them to your Terminal within a week of receipt (no later than the effective date indicated in packet).** Without the completed forms we cannot enroll you or your family in any insurance coverage's (all enrollment forms must be completed whether you decide to enroll or waiver the insurance products).

You may refer to the Benefits Summary Booklet for an overview of all insurance products available to you and your family. See page 4 & 5 for Eligibility and Documentation for adding Dependents to any insurance product we offer. Please note, we have attached a copy of the Eligibility and Documentation required for Dependents of our Employees. We are providing you this document at hire to allow you ample time to gather up the documents required to satisfy the Eligibility and Documentation for adding Dependents. **Without the required documentation as described in the attachment and the insurance enrollment forms, NO DEPENDENT(S) will be added to any insurance products.**

It is each employee's responsibility to complete and turn in all Insurance Enrollment Forms and the required Eligibility and Documentation on any dependents being added to any of the insurance plans. Reminder, you have **a week of receipt to return your completed forms (no later than the effective date indicated in packet)** to your Terminal without the proper enrollment forms and documentation we cannot enroll you or your family in the Insurance Benefits.

It is CTCO's intent to provide you and your family the best benefits at the lowest costs possible. We want to make your insurance enrollment process a good experience for you and your family. CTCO's Human Resource Department wants both of us to succeed with a positive insurance enrollment process but we need your cooperation and without your cooperation we will not be successful.

Sincerely,  
Human Resource Department

**Coastal Transport Co., Inc.**  
**Acknowledgement of Insurance Benefits Information Sheet**

I \_\_\_\_\_, do hereby acknowledge that I received the  
(Print Employee Name)

Insurance Benefits Information Sheet along with the required Eligibility and Documentation for Dependents. I have read and understand what is expected and required of me when I become eligible for insurance benefits.

Insurance benefits begin the first of the month following 60 days of employment. All employees that have satisfied their applicable waiting period are eligible to enroll during their initial enrollment period.

Evidence of Insurability may be required if enrolling in some insurance products.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Terminal Managers Signature

\_\_\_\_\_  
Date