



(/Enroll
/default.aspx?SessionID=636854809877897294)

Confirmation

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

WN Active Care

You have elected to WAIVE coverage under this plan.

WN Active Care 2nd App

You have elected to WAIVE coverage under this plan.

WN Critical Solutions

You have elected to WAIVE coverage under this plan.

WN Critical Solutions 2nd App

You have elected to WAIVE coverage under this plan.

 WN Accident Assure

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
Thomas A. Barrera Largaespada	Employee	Washington National Accident Assure; EO		\$18.90

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
Yahaira Lopez Diaz	Spouse	1704 Nelms Drive, Austin, TX 78744		100.00	Primary

 WN Life Assure

You have elected to WAIVE coverage under this plan.

 WN Life Options



You have elected to WAIVE coverage under this plan.

Completed forms

The following is a list of your enrollment forms. Click on the form name to view or print.

Click *Logout* to exit the website.

Form Name

 [AP-1059FLR \(ShowDocumentFrame.aspx?FormID=3617702&SessionID=636855025877584800\)](#) [WNPRIV-FORM-APP \(ShowDocumentFrame.aspx?FormID=3617703&SessionID=636855025877584800\)](#) [MEDATH-FM-PRE-LP \(ShowDocumentFrame.aspx?FormID=3617704&SessionID=636855025877584800\)](#) [CI-747 \(ShowDocumentFrame.aspx?FormID=3617705&SessionID=636855025877584800\)](#) [OC-1022FLR2 \(ShowDocumentFrame.aspx?FormID=3617706&SessionID=636855025877584800\)](#)

Form Name



Enrollment Confirmation (ShowDocumentFrame.aspx?FormID=3617707&SessionID=636855025877741043)

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