Insurance Benefit Enrollment Form

Return to: National Insurance Services, Attn: Billing Department
250 S. Executive Drive, Suite 300 Brookfield, WI 53005-4273
Phone 1.800.627.3660 Fax 262.785.9269

NATIONAL INSURANCE SERVICES

Enter your information:

Employer Name: **Black Hawk County**			NIS Group Number: **012015**	
Full Name (Last name, First name, Middle Initial):			Date of Hire:	
Home Address:	City:	State:	Zip:	
Social Security Number:	☐ Single ☐ Married	U.S. Citizen? ☐ Yes ☐ No*	Date of Birth:	☐ Male ☐ Female
Occupation/Title:			Hours worked per week:	Annual Salary:

*If you are not a U.S. Citizen, please attach a copy of your Visa or other proof of legal residency.

Insurance benefits:

County-Provided Insurance Benefits:

☐ Basic Life and AD&D Amount $_____

☐ Long-Term Disability (Administrators Only)

Optional Insurance Benefits (See Rate Table on last page):

☐ Elect	☐ Decline	Employee Voluntary Life Amount $_____ $5,000 increments to a maximum of $500,000 not to exceed 5 times salary. *Evidence of Insurability is required for all amounts.*
☐ Elect	☐ Decline	Spouse Voluntary Life Amount $_____ $5,000 increments to the lesser of 50% of the Employee's Voluntary Life amount or $100,000 Must have Employee Voluntary Life to elect Spouse Voluntary Life. *Evidence of Insurability is required for all amounts.*
☐ Elect	☐ Decline	Child Voluntary Life Amount $1,000 Age 14 days to 6 months $10,000 Age 6 months through age 18, or age 25 if full-time student Evidence of Insurability is required for late enrollees.

Sign here (required whether electing or declining any coverage):

I have been given the opportunity to apply for group insurance and agree to accept or decline coverage(s) as noted above. If I am declining coverage(s), I understand that if my dependents or I decide to apply for coverage at a later date, Evidence of Insurability (medical questions) may be required at my own expense and the insurance company must approve coverage. If I have elected any coverage(s) above, I authorize my employer to make any required deductions, if any, from my salary to pay my portion of the insurance premium when my insurance becomes effective.

Warning: Any person who knowingly presents false information on an application for insurance may be guilty of a crime and subject to fines, confinement in prison, and/or denial of insurance benefits.

Signature:	Date:

Instructions for the employee: Complete and return this form to your Benefits Administrator.

Instructions for the Benefits Administrator: Retain a copy of this form for your records and provide employee with a copy. Mail original to National Insurance Services at the address above.

More on other side ----------→

Full Name:	Employer Name: **Black Hawk County**	Date:

Enter your Life Insurance beneficiary information:

Primary Beneficiary(ies) Attach additional pages if necessary.		
Full Name:	Relationship to you:	% of Benefit
Full Name:	Relationship to you:	% of Benefit
Full Name:	Relationship to you:	% of Benefit
		Total % of Benefit must equal 100%

Secondary Beneficiary(ies) Attach additional pages if necessary.		
Full Name:	Relationship to you:	% of Benefit
Full Name:	Relationship to you:	% of Benefit
Full Name:	Relationship to you:	% of Benefit
		Total % of Benefit must equal 100%

Add spouse/dependent information:

Please provide the following information if electing Dependent Coverage**.** Attach additional pages if necessary.

Full Name	**Date of Birth**	**Social Security #**	**Full-Time Student?**
Spouse:			n/a
Child:			☐ Yes ☐ No
Child:			☐ Yes ☐ No
Child:			☐ Yes ☐ No
Child:			☐ Yes ☐ No
Child:			☐ Yes ☐ No

Sign here:

Signature:	Date:

More on next page

Full Name:	Employer Name: **Black Hawk County**	Date:

Rate Table and Monthly Cost:

Employee and Spouse Voluntary Life

Age of Employee / Spouse	Rate per $1,000 of coverage
to age 29	$0.08
30-34	$0.09
35-39	$0.11
40-44	$0.15
45-49	$0.23
50-54	$0.36
55-59	$0.54
60-64	$0.72
65-69	$1.30
70-74	$2.09
75-79	$3.57
80 and over	$5.22

To calculate your premium:

_____ / $1,000 = _____ x _____ = $_____

Coverage Amount Rate (See chart) Premium Cost