

# 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



## Enter your information:

Employer Name: <b>Black Hawk County</b>		NIS Group Number: <b>012015</b>	
Full Name (Last name, First name, Middle Initial):		Date of Hire:	
Home Address:	City:	State:	Zip:
Social Security Number:	<input type="checkbox"/> Single <input type="checkbox"/> Married	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No*	Date of Birth:  <input type="checkbox"/> Male <input type="checkbox"/> 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:		
<input type="checkbox"/> Basic Life and AD&D Amount \$ _____		
<input type="checkbox"/> Long-Term Disability (Administrators Only)		
Optional Insurance Benefits (See Rate Table on last page):		
<input type="checkbox"/> Elect	<input type="checkbox"/> Decline	Employee Voluntary Life Amount \$ _____ \$5,000 increments to a maximum of \$500,000 not to exceed 5 times salary. <i>Evidence of Insurability is required for all amounts.</i>
<input type="checkbox"/> Elect	<input type="checkbox"/> 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. <i>Evidence of Insurability is required for all amounts.</i>
<input type="checkbox"/> Elect	<input type="checkbox"/> 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:
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**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: <b>Black Hawk County</b>	Date:
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### 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:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Sign here:

Signature:	Date:
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**More on next page**

