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

Annual Voluntary Life Open Enrollment

Enter your information:

Employer Name: **Pottawattamie County**			NIS Group Number: **029439**	
Full Name (Last name, First name, Middle Initial):			Date of Hire:	
Social Security Number:	◯ Single ◯ Married	U.S. Citizen? ◯ Yes ◯ No*	Date of Birth:	Gender:
Occupation/Title:			Hours worked per week:	Annual Salary:

*If you are not a U.S. Citizen, please provide a copy of your Visa.

Insurance benefits:

Optional Insurance Benefits (Rate Table/Premium calculation on back page):

◯ Elect ◯ Decline

Employee Voluntary Life
You may elect $10,000 increments to a maximum of $500,000 not to exceed 5 times annual salary.
You may elect $10,000 annually without Evidence of Insurability up to the Guarantee Issue Amount of $200,000. Evidence of Insurability is needed for additional amounts over $10,000 and total amounts over the Guarantee Issue amount of $200,000.

Current Voluntary Life Amount	
Additional Amount Elected	
Total Voluntary Life Amount	

◯ Elect ◯ Decline

Spouse Voluntary Life
You may elect $5,000 increments to a maximum of $100,000 not to exceed 50% of the Employee's Voluntary Life amount.
Higher amounts with the prior carrier will be grandfathered. Evidence of Insurability is needed for all additional amounts elected.

Current Spouse Voluntary Life Amount	
Additional Amount Elected	
Total Spouse Voluntary Life Amount	

◯ Elect ◯ Decline

Child Voluntary Life - (Child(ren) age 14 days to age 26)
You may elect $1,000 increments, minimum of $2,000 to a maximum of $10,000 not to exceed 50% of the Employee's Voluntary Life amount.
Evidence of Insurability is needed for all additional amounts elected.

Current Child Voluntary Life Amount	
Additional Amount Elected	
Total Child Voluntary Life Amount	

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: **Pottawattamie County**	Date:

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:

Voluntary Life Age Rates / Premium Calculation

Employee/Spouse Supplemental Life rates are based on employee's age.

Employee Age	Rate per $1,000 of coverage
Less than 30	$0.07
30-34	$0.10
35-39	$0.13
40-44	$0.15
45-49	$0.23
50-54	$0.39
55-59	$0.68
60-64	$0.98
65-69	$1.54
70-99	$2.74

To calculate monthly cost

Insert your coverage amount and the rate that corresponds to the age of the employee from the table above to calculate your monthly cost.

Coverage Election	Coverage Amount	x	Rate	÷	Units	=	Monthly Premium
Employee		x		÷	$1,000	=	
Spouse		x		÷	$1,000	=	
Child(ren)		x	$0.24	÷	$1,000		
						Total Monthly Premium	0