

# 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



<b>Enter your information:</b>			
Employer Name: <b>Wallingford Swarthmore School District</b>		NIS Group Number: <b>012223</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 provide a copy of your Visa.

<b>Insurance benefits:</b>																											
<input type="checkbox"/> Elect	<input type="checkbox"/> Decline	Short-Term Disability																									
		<table border="1"> <thead> <tr> <th>Age</th> <th>Rate per \$10 of Weekly Benefit</th> <th>Age</th> <th>Rate per \$10 of Weekly Benefit</th> </tr> </thead> <tbody> <tr> <td>0-24</td> <td>\$1.40</td> <td>45-49</td> <td>\$0.77</td> </tr> <tr> <td>25-29</td> <td>\$1.32</td> <td>50-54</td> <td>\$0.89</td> </tr> <tr> <td>30-34</td> <td>\$1.19</td> <td>55-59</td> <td>\$1.09</td> </tr> <tr> <td>35-39</td> <td>\$0.89</td> <td>60-64</td> <td>\$1.35</td> </tr> <tr> <td>40-44</td> <td>\$0.71</td> <td>65 +</td> <td>\$1.59</td> </tr> </tbody> </table>	Age	Rate per \$10 of Weekly Benefit	Age	Rate per \$10 of Weekly Benefit	0-24	\$1.40	45-49	\$0.77	25-29	\$1.32	50-54	\$0.89	30-34	\$1.19	55-59	\$1.09	35-39	\$0.89	60-64	\$1.35	40-44	\$0.71	65 +	\$1.59	
Age	Rate per \$10 of Weekly Benefit	Age	Rate per \$10 of Weekly Benefit																								
0-24	\$1.40	45-49	\$0.77																								
25-29	\$1.32	50-54	\$0.89																								
30-34	\$1.19	55-59	\$1.09																								
35-39	\$0.89	60-64	\$1.35																								
40-44	\$0.71	65 +	\$1.59																								
<b>TO CALCULATE YOUR PREMIUM:</b> $\frac{\text{(Annual Salary)}}{52} = \text{(Weekly Salary)} \times 60\% = \text{(Weekly Benefit)} \times \text{(Rate)} / 10 = \text{(Monthly Premium)}$																											

<b>Sign here (required whether electing or declining any coverage):</b>	
<p>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.</p> <p><b>Warning:</b> 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.</p>	
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.