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: Waterford Schools			NIS Group Number 014886/Class:		
Full Name (Last name, First name, Middle Initial):			Date of Hire:		
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 provide a copy of your Visa.

Insurance benefits (if available from your employer):

■ Basic Life and AD&D ☐ Long-Term Disability ☐ ~~Short-Term Disability~~ ☐ ~~Supplemental Life~~ $_____ ☐ ~~Dependent Life~~

Sign here:

I hereby apply for group insurance as noted above and authorize my employer to make any required deductions, if any, from my salary to pay the 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:

Enter your Life Insurance beneficiary information:

Primary Beneficiary(ies) Attach additional pages if necessary.			Secondary Beneficiary(ies) Attach additional pages if necessary.		
Full Name:	Relationship	% of Benefit	Full Name	Relationship:	% of Benefit

Spouse's Signature (May be required if choosing a primary beneficiary other than your spouse. Under state law a beneficiary other than your spouse may not be honored unless your spouse signs below. Please consult with your legal advisor before making such a designation.)

Spouse's Name:	Signature:	Date: