



Nationwide Life Insurance Company  
Home Office: Columbus, Ohio

Commonwealth of Kentucky  
Employee Group Life Insurance Program  
Enrollment/Change/Termination Form  
Group Insurance Contract: NP01002

**2018 Plan Year**

Application Type: <input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Open Enrollment		
Location Number 000265	Location Name (Specify name or Agency, School Board or Health Dept.) Hopkins County Board of Education	
Name (Last, First, MI)	SSN	Date of Birth
Address (Street Name/Number)	Hire Date	Gender
City, County, State, Zip	Work Telephone	Home Telephone
<b>Termination</b>		
Date Employment Ends:	Date Life Insurance Terminates:	
Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> LWOP <input type="checkbox"/> Death <input type="checkbox"/> Military Leave <input type="checkbox"/> Other _____		
<b>Reinstatement</b>		
Date Returned to Work:	Date Life Insurance Effective:	
Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> LWOP <input type="checkbox"/> Death <input type="checkbox"/> Military Leave <input type="checkbox"/> Other _____		
<b>Transfer or Summer Transfer</b>		
Prior Location Number:	New Location Number:	
Last Day Worked at Prior Company:	Date Hired at New Company:	
Coverage End Date at Prior Company:	Coverage Begin Date at New Company:	

**A. Basic Life and Accidental Death and Dismemberment (AD&D) Insurance**

Eligible employees are insured at no cost to the employee for \$20,000 Basic Life and AD&D Insurance. This insurance is employer paid.

**B. Optional Life and Accidental Death and Dismemberment (AD&D) insurance (Select One Plan)**

I wish to  enroll\*in,  change\*to, or  terminate the optional insurance plan checked below:

	<input type="checkbox"/> Plan 1: \$5,000	<input type="checkbox"/> Plan 2: \$10,000	<input type="checkbox"/> Plan 3: \$25,000	<input type="checkbox"/> Plan 4: \$50,000	<input type="checkbox"/> Plan 5: 100,000	<input type="checkbox"/> Plan 6: 150,000
< Age 40	\$1.10	\$2.22	\$5.52	\$11.04	\$22.08	\$33.12
Age 40-59	\$2.76	\$5.52	\$13.80	\$27.60	\$55.20	\$82.80
60+	\$4.52	\$9.02	\$22.54	\$45.08	\$90.16	\$135.24

**C. Dependent Life Insurance (Select One Plan)**

I wish to  enroll\*my dependents in,  change\*to, or  terminate the optional insurance plan checked below:

	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E	<input type="checkbox"/> Plan F	<input type="checkbox"/> Plan G	<input type="checkbox"/> Plan H
Spouse**	\$10,000	\$5,000	\$5,000	\$10,000	-	\$20,000	\$20,000	-
Dependent Children to 6 mos	\$2,500	\$1,500	-	-	\$2,500	\$2,500	-	\$2,500
Dependent Children 6 mos to 18 yrs ***	\$5,000	\$3,000	-	-	\$5,000	10,000	-	\$10,000
Monthly Contribution	\$10.54	\$5.70	\$2.42	\$8.42	\$3.48	\$21.08	\$16.82	\$6.96

\* Evidence of insurability may be required depending on circumstance.

\*\*Spouse means a person to whom you are legally married.

\*\*\*18 and older if attending an educational institution and relying on the employee for financial support or incapacitated and proof received within 31 days of age limit.



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**D. Waiver of Optional Life and Dependents Coverage**

I certify that I have been given the opportunity to enroll myself and my eligible dependents in the above coverage. I have declined the Optional and/or Dependents Life coverage and understand it will be necessary for me and my dependents to furnish evidence of insurability if I desire any of the above coverage in the future (other than during an open enrollment period or other exception detailed in the certificate booklet).

**E. Fraud Warning**

Any Person who knowingly and with intent to injure, defraud, or deceive an insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**F. Employee Signature and Date (Required)**

I, the undersigned, certify that I have read the completed enrollment/change/termination form and agree that all answers in this form are true and complete to the best of my knowledge and belief. I hereby authorize my employer to deduct from my paycheck or earnings the amount required to cover my share of the coverage I have selected.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

IC/HRG Signature \_\_\_\_\_ Date \_\_\_\_\_

IC/HRG Phone Number \_\_\_\_\_ Location # \_\_\_\_\_