

# **Nationwide Life** Insurance Company Home Office: Columbus, Ohio

## **Employee Enrollment Form**

On Your Side®

	Employer	Name				•
Employer Address	City		State			Zip Code
					*	·
Section II – Employee					·	
Employee Last Name, Suffi	x (e.g., Sr, Jr) First Nan	ne	M/I Ger	nder	E-mail Address	Home Phone
Residence Address	City		County	State	Zip Code	( ) - Work Phone
		-				( ) -
Employee Member #	Occupati	on	Class		Location/	Division
Marital Status	Date of Birth (MM-DI	2-7777)	Hours Wor	ked	Earnings Report	ed on
☐ Single ☐ Married			Per Week		□ W2 □ 1099	Other, Explain
☐Divorced/Separated☐ Widowed	Social Security	/#			Annual Earnings (Salary)	#
Enrollment Status			<u> </u>			
☐ Active Employee – List [	Date of Hire	8	Eligibility	Date		
Retired Employee – List						ered by your Employer)
☐ COBRA Coverage/State						
		- :				
Section III – Election o	or Declination of Co	overages	Please print	or type		
Coverage Election Co	des: EE=Employee Only, E	ES = Employe	ee and Spous			
Ple			<b>想到这些</b> 你就是我们	e EC=En	nployee and Child(n	an), EF = Employee and Family
	ase check to indicate your	coverage ele	ction/declinat	on for yo	u and your eligible i	
	You must elect co	overage for v	ction/declinat	on for yo ur depend	u and your eligible ( lents to be eligible.	
	You must elect co Note: Some	overage for y coverages n	ctior/declinat ourself for you nay not be off	on for yo ur depend ered by y	u and your eligible i lents to be eligible our employer.	dependents.
Produ	You must elect co Note: Some ct	coverage for y coverages fi Coverage	ettor/declinat ourself for yo nay not be off Elections *	on for yo ur depend ered by y	u and your eligible ( lents to be eligible.	
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† Stand alone AD&D coverage. Includes Dependent AD&D, if Dependent coverage is offered by your employer.

#### **WAIVER OF ALL COVERAGES**

Please note, do not complete this walver section if you are electing any type of coverage offered on this application.

☐ I DECLINE AL	L coverages offered to me for which I am require	ed to contribute all or a p	ortion of the premium. I have re	ad the Late	
Enrollee Importar	nt Notice in Section V of this enrollment form, and	i i ungerstand what may i	pe required of me to enfoil at a k	ater date.	
Employee Signature		Date			
Reason for declin	ning employee and/or dependent coverage (i.e. b	enefits, elsewhere, cost,	other):		
				<del></del>	
If you are waiving all coverages offered, you do not need to complete any additional sections of this application.					
Section IV - E	nrollment Information Please print or type				
Beneficiaries (C	complete this section only when Life or AD&D or	Accidental Death benefits	s are selected)		
Unless otherwise sp	pecified herein, if two or more beneficiaries are named is surviving the insured. If specifying a %, totals must e	as primary or as contingent, qual 100%. To name addition	the proceeds shall be paid in equal onal beneficiaries, please attach a se	shares to the eparate sheet.	
	Last Name, First Name, MI	Relationship	Social Security Number XXX-XX-XXXX	%	
Primary					
Primary					
Contingent					

Eligible Dependents to be Covered

Contingent

Relation	Name Last, Suffix (e.g. Sr., Jr.) First, MI	Social Security Number (XXX-XX-XXXX)	Date of Birth (M-D-YYYY)	Gender (M/F)
Spouse*				
Child				
Child	· · · · · · · · · · · · · · · · · · ·			
Child				
Child				

<sup>\*</sup>For purposes of this Enrollment Form, Spouse includes a Domestic Partner, subject to state mandates.

### Section V - Please Read the Following Important Notices

Late Enrollees If you refuse coverage for yourself and/or your dependents for any reason, you will be considered a late enrollee and will only be permitted to enroll during the group's next annual enrollment period or within 31 days of a change in family status.

Pre-existing The coverage for which you are enrolling may include a pre-existing condition limitation.

**Health Information Practices** I understand that under the Federal Regulations and state law, I have a right to see and correct personal information that Nationwide collects about me, and that I may obtain a description of my rights under these laws and of Nationwide's information practices by writing to Nationwide at the following address: Nationwide Life Insurance Company, Attention: Compliance Department, One Nationwide Plaza, Columbus, Ohio 43215.

Confirmation I agree that the information set forth on this enrollment form is correctly recorded, complete and true to the best of my knowledge and belief, and that it forms the basis of my insurance. I further agree that the Certificate together with this Enrollment Form, the Group Policy, and Policyholder's Application, and any amendments or riders will completely describe the benefits and conditions of the insurance agreement. Nationwide Life Insurance Company (hereafter referred to as "Company") will rely and act upon the answers and information I provide on this Enrollment Form. The Company reserves the right to retroactively adjust the premium rate for the group at any time in the event that material misrepresentation of information has occurred. My insurance coverage will not become effective until this Enrollment Form is received and approved by the Company, any applicable premium is paid, and in no event prior to the effective date of the Group Policy.

## Section VI - Please Read, Sign and Date Below

(California) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(District of Columbia) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

(Florida) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

(Kentucky) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**(Louisiana)** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

(Maine) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

(Maryland) Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

(Missouri) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

(NAIC) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

(New Hampshire) The policy provides limited benefits. Review your policy carefully.

(New Jersey) Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

(New Mexico) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

(Oklahoma) Any person who knowingly, and with intent to injure, defraud or decelve any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

(Pennsylvania) Any person who knowingly and with Intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

(Puerto Rico) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

(Washington) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law."

(All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

(New York) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee's Signature ▶	Date
Employer Certification and Authorization	-
I certify that the above information is correct and complete according to our records.	
Name of Employer's Authorized Representative (printed)	Title
Signature of Employer's Authorized Representative	Date