



Nationwide Life Insurance Company
Home Office: Columbus, Ohio

Employee Enrollment Form

On Your Side®

Section I – Employer Information Please print or type

Group Number	Employer Name		
Employer Address	City	State	Zip Code

Section II – Employee Information Please print or type

Employee Last Name, Suffix (e.g., Sr, Jr)	First Name	M/I	Gender	E-mail Address	Home Phone () -
Residence Address	City	County	State	Zip Code	Work Phone () -
Employee Member #	Occupation	Class	Location/Division		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed	Date of Birth (MM-DD-YYYY) Social Security #	Hours Worked Per Week	Earnings Reported on <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other, Explain _____ Annual Earnings (Salary) _____		
Enrollment Status <input type="checkbox"/> Active Employee – List Date of Hire ____-____-____ & Eligibility Date ____-____-____ <input type="checkbox"/> Retired Employee – List Date of Retirement ____-____-____ (Coverage available only if offered by your Employer) <input type="checkbox"/> COBRA Coverage/State Continuation – List Qualifying Event Date ____-____-____ & Description _____					

Section III – Election or Declination of Coverages Please print or type

Coverage Election Codes: EE = Employee Only, ES = Employee and Spouse, EC = Employee and Child(ren), EF = Employee and Family
Please check to indicate your coverage election/declination for you and your eligible dependents.
You must elect coverage for yourself for your dependents to be eligible.
Note: Some coverages may not be offered by your employer.

Product	Coverage Elections *	Coverage Declinations *	Elected Benefit Amount
Basic Group Term Life (and AD&D if applicable)	<input type="checkbox"/>		
Basic Dependent Life	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntary Group Term Life (and AD&D if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ or ____X base salary (\$ _____ increments)
Voluntary Accidental Death and Dismemberment (AD&D) †	<input type="checkbox"/> EE <input type="checkbox"/> EF	<input type="checkbox"/> EE <input type="checkbox"/> EF	
Voluntary Spousal Life (and AD&D if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Spouse: \$ _____ (\$ _____ increments)
Voluntary Child(ren) Life (and AD&D if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Children: \$ _____ (\$ _____ increments)
Long Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Short Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntary Long Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntary Short Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Basic Dental	<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF	<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF	
Voluntary Dental	<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF	<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF	
Accident Ca\$hBack	<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF	<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF	
Hospital Ca\$hBack	<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF	<input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF	

† Stand alone AD&D coverage. Includes Dependent AD&D, if Dependent coverage is offered by your employer.

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 deceive 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