

Enter your information: NIS Group Number: 022470 Employer Name: Scott County Full Name (Last name, First name, Middle Initial): Date of Hire: Home Address: City: State: Zip: Social Security Number: U.S. Citizen? Date of Birth: ○ Male ○ Single \circ Married \circ Yes \circ No* ○ Female Occupation/Title: Hours worked per week: Base Annual Salary:

*If you are not a U.S. Citizen, please provide a copy of your Visa.

Insurance benefits: Optional Insurance Benefits:

○ Elect ^{**}	 Decline/Cancel 	* Short-Term Disability Weekly Benefit Amount \$
	Coverage	You may elect coverage in \$100 increments not to exceed 60% of your income or \$2,000(whichever is less).

**If electing coverage, please return the calculation worksheet with this enrollment form

Sign here (required whether electing or declining any coverage):

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.

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:

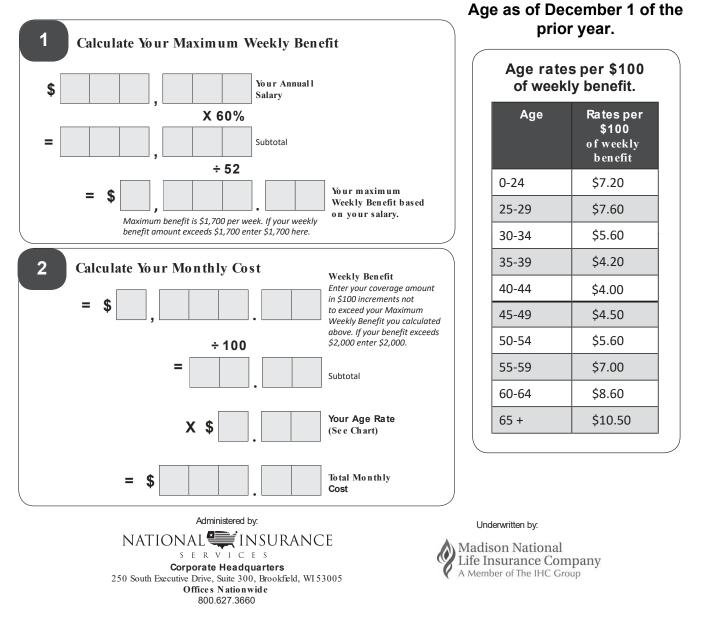
Instructions for the employee: Complete and return this form to your Benefits Administrator.

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.

Choose your Short-Term Disability weekly benefit in \$100 increments not to exceed 60% of your income (or \$2,000, whichever is less).

Instructions:

- First, figure your maximum weekly benefit based on your salary using calculator #1 below. For example, if you make \$45,000 per year, your calculations will look like this: \$45,000 x 60% = \$27,000 ÷ 52 weeks = \$519.23.
- 2. Next, choose your coverage in \$100 increments and figure your cost using calculator #2 below. Be sure you don't exceed \$2,000 or your maximum weekly benefit as calculated in #1, whichever is lower. Using the example above with a salary of \$45,000, the maximum weekly benefit you can choose is \$500. The cost can be figured by dividing \$500 by \$100, then multiplying by the age rates listed in the chart on the right. For example, if you want \$500 of weekly benefit and you are age 47, your calculations will look like this: \$500 ÷ \$100 = 5 x \$4.70 = \$23.50 (your monthly premium payment).



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