

Enter your information:					
Employer Name: Scott County			NIS Group Number: 022470		
Full Name (Last name, First name, Middle Initial):			Date of Hire:		
Home Address:		City:		State:	Zip:
Social Security Number:	<input type="radio"/> Single <input type="radio"/> Married	U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No*	Date of Birth:		<input type="radio"/> Male <input type="radio"/> 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:		
<input type="radio"/> Elect**	<input type="radio"/> Decline/Cancel Coverage	* Short-Term Disability Weekly Benefit Amount \$ _____ 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):	
<p>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.</p> <p>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.</p>	
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.

Short-Term Disability Benefit and Rate Calculation Worksheet

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

Instructions:

1. 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).

1

Calculate Your Maximum Weekly Benefit

\$, Your Annual Salary

X 60%

= , Subtotal

÷ 52

= \$, . Your maximum Weekly Benefit based on your salary.

Maximum benefit is \$1,700 per week. If your weekly benefit amount exceeds \$1,700 enter \$1,700 here.

Age as of December 1 of the prior year.

Age rates per \$100 of weekly benefit.

Age	Rates per \$100 of weekly benefit
0-24	\$7.20
25-29	\$7.60
30-34	\$5.60
35-39	\$4.20
40-44	\$4.00
45-49	\$4.50
50-54	\$5.60
55-59	\$7.00
60-64	\$8.60
65 +	\$10.50

2

Calculate Your Monthly Cost

= \$, . Weekly Benefit
Enter your coverage amount in \$100 increments not to exceed your Maximum Weekly Benefit you calculated above. If your benefit exceeds \$2,000 enter \$2,000.

÷ 100

= . Subtotal

X \$. Your Age Rate (See Chart)

= \$. Total Monthly Cost

Administered by:

NATIONAL INSURANCE SERVICES
CORPORATE HEADQUARTERS
 250 South Executive Drive, Suite 300, Brookfield, WI 53005
Office s Nationwide
 800.627.3660

Underwritten by:

Madison National Life Insurance Company
 A Member of The IHC Group

Madison National Life Insurance Company, Inc. is a Wisconsin Insurance company and a Member of the IHC Group. The IHC Group is an insurance organization composed of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop loss insurance solutions for nearly 30 years. For information on the IHC Group, see www.ihcgroup.com.