Short Term Disability Insurance Enrollment/Change Form
Return to: Employee Relations

NATIONAL INSURANCE
S E R V I C E S

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:	○ Single ○ Married	U.S. Citizen? ○ Yes ○ No*	Date of Birth:		○ Male ○ 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 Coverage	* Short-Term Disability Weekly Benefit Amount $_____ You may elect coverage in $100 increments not to exceed 60% of your income or $1,700 (whichever is less).

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.
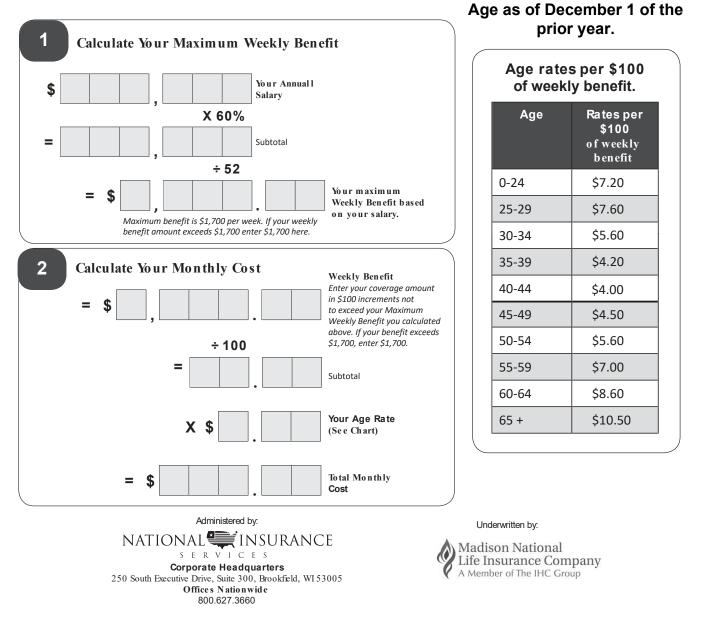
Signature:	Date:

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.

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 $1,700, 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 $1,700 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).

Age as of December 1 of the prior year.

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.

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 $1,700, enter $1,700.

÷ 100

= [ ][ ] . [ ][ ]   Subtotal

X $ [ ] . [ ][ ]   **Your Age Rate** (See Chart)

= $ [ ][ ][ ] . [ ][ ]   **Total Monthly Cost**

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

Administered by:

NATIONAL INSURANCE
S E R V I C E S
Corporate Headquarters
250 South Executive Drive, Suite 300, Brookfield, WI 53005
Offices Nationwide
800.627.3660

Underwritten by:

Madison National
Life Insurance Company
A Member of The IHC Group