

Nationwide Life Insurance Company

Home Office: Columbus, Ohio

Commonwealth of Kentucky
Employee Group Life Insurance Program
Enrollment/Change/Termination and
Designation of Beneficiary Form
Group Insurance Contract: NP01002

2020 Plan Year

ication Type:										
mpany Number	Company Name (Specify name or Agency, Health Dept.)				ool Board o	Organiz	ational Uni	# (Cost Cen	ter#
me (Last, First, MI)	SSN			Email		- 1		ı	Birthdate	
iling Address				Annual Salary		Hire Date			Gender ☐ Male ☐ Fema	
y, County, State, Zip			I.	\	Work Telep	hone	Но	me T	elephone	
☐ Termination : Date <i>Reason:</i> ☐ Resigne	d □ Retired Je: Date Returned	☐ LWO	P □ De ·k	eath 🗆 Mili Da	tary Leave te Insuranc	e Effective				
Reason: ☐ Resigne ☐ Transfer or Summ		□ LWO			-	☐ Other	•			
industrial of Sulfilli		10 be c	completed	by the NEW		N. I				
Prior Company Numl	oor:			I NOW						
Prior Company Numl				+	Company Hired at N		nv.			
Last Day Worked at Coverage End Date a	Prior Company: at Prior Company: ental Death and	Dismem		Date Cove	Hired at Nerage Begin	ew Compa n Date at N	ew Compa	ny:		
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accident	Prior Company: at Prior Company: ental Death and e insured at no cos \$20,000 cidental Death an change* to,	Dismem st to the nd Dism terminat	employee Cost: (er nemberme te the option	(AD&D) Insurance for Basic Life mployer paid; ent (AD&D) in the month of the month	Hired at Nerage Begin rance e and AD&I nsurance (e	ew Compa Date at N Insurance Select One ked below:	ew Compa	ny:		
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accident	Prior Company: at Prior Company: ental Death and e insured at no co: \$20,000 cidental Death a	Dismemst to the nd Dismeterminat	employee Cost: (er nemberme	Date Cove (AD&D) Insu for Basic Life mployer paid ont (AD&D) in	Hired at Nerage Beging Harance e and AD&I hasurance (ge plan check 3	ew Compa Date at N Insurance Select One	ew Compa	n 5	□ Op \$150	
Last Day Worked at Coverage End Date a Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accid wish to □ enroll* in,	Prior Company: at Prior Company: ental Death and insured at no cos \$20,000 cidental Death an change* to, Option 1	Dismemst to the	employee Cost: (er nemberme te the option Option 2	(AD&D) Insurance (AD&D) in the control of the contr	Hired at Nerage Begingrance e and AD&I nsurance (e plan check as plan c	ew Compa Date at N Insurance Select One ked below:	ew Compa	n 5		,000
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Act wish to □ enroll* in, Age	ental Death and insured at no cost \$20,000 cidental Death and change* to, Option 1 \$5,000	Dismemst to the nd Dismeterminat	employee Cost: (er nemberme te the option Option 2 0,000	(AD&D) Insurance ent (AD&D) irrepresent (AD&D) irr	Hired at Nerage Begingrance e and AD&I nsurance (e plan check 3	ew Compa Date at N Insurance Select One ked below: Option 4 0,000	ew Compa Plan) Optio \$100,00	n 5 00	\$150	,000 .12
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accid wish to enroll* in, Age Under age 40 Ages 40-59 Age 60 and over	ental Death and insured at no cos \$20,000 cidental Death as change* to, U Option 1 \$5,000 \$1.10 \$2.76 \$4.52	Dismemst to the nd Dismeterminat \$1 \$	employee Cost: (er nemberme te the option Option 2 0,000 2.22 5.52 9.02	(AD&D) Insurance Coverage	Hired at Nerage Beging Irance e and AD&I hasurance (see plan check 3	ew Compa n Date at N D Insurance Select One ked below: Option 4 0,000 11.04	ew Compa Plan) Optio \$100,00 \$22.08	n 5 00 3	\$150 \$33	,000 .12 .80
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accid wish to enroll* in, Age Under age 40 Ages 40-59 Age 60 and over *Evidence of insurability in Dependent Life Insur	ental Death and insured at no cos \$20,000 cidental Death ar change* to, Change* to, Change* to, Change* to, Change* to, St,000 \$1.10 \$2.76 \$4.52 The standard of the standard o	Dismemst to the nd Dism terminat \$1 \$1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	employee Cost: (er nemberme te the option 2,000 2,22 5,52 9,02 on the circun	(AD&D) Insurance Option \$25,000 \$13.80 \$22.54	Hired at Nerage Beging and AD&I nsurance (e plan check 3	ew Compa n Date at N D Insurance Select One ked below: Option 4 0,000 11.04 27.60 45.08	ew Compa Plan) □ Optio \$100,00 \$22.08 \$55.20 \$90.16	n 5 00 3	\$150 \$33 \$82	,000 .12 .80
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accid wish to enroll* in, Age Under age 40 Ages 40-59 Age 60 and over *Evidence of insurability of Dependent Life Insurable and Company of the Coverage Accidence of the Coverage Accidence of the Coverage Accidence of the Coverage Accidence and Coverage Accidence and Coverage Accidence and Coverage Accidence and Coverage Accidence Accid	Prior Company: at Prior Company: at Prior Company: ental Death and e insured at no co: \$20,000 cidental Death al change* to, Option 1 \$5,000 \$1.10 \$2.76 \$4.52 may be required dependents in,	Dismemst to the nd Dism terminat \$1 \$1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	employee Cost: (er nemberme te the option 2,000 2,22 5,52 9,02 on the circun	Date Cove (AD&D) Insurance for Basic Life mployer paid ent (AD&D) in conal insurance Coption \$25,000 \$5.52 \$13.80 \$22.54 Instances.	Hired at Nerage Beging and AD&I nsurance (e plan check 3	ew Compa n Date at N D Insurance Select One ked below: Option 4 0,000 11.04 27.60 45.08	Plan) Optio \$100,00 \$22.08 \$55.20 \$90.16	n 5 00 3)	\$150 \$33 \$82 \$135	,000 .12 .80 5.24
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accid wish to enroll* in, Age Under age 40 Ages 40-59 Age 60 and over *Evidence of insurability	ental Death and insured at no cos \$20,000 cidental Death and change* to, Option 1 \$5,000 \$1.10 \$2.76 \$4.52 may be required dependents in, endent	Dismemst to the dismeterminate	employee Cost: (er nemberme te the option Option 2 0,000 2.22 5.52 9.02 on the circum	Date Cove (AD&D) Insurance for Basic Life imployer paid ent (AD&D) in conal insurance Doption \$25,000 \$5.52 \$13.80 \$22.54 instances.	Hired at Nerage Begingrance e and AD&I nsurance (e plan checase se plan checa	ew Compa n Date at N D Insurance Select One ked below: Option 4 0,000 11.04 27.60 45.08	Plan) Optio \$100,00 \$22.08 \$55.20 \$90.16	n 5 00)) S	\$150 \$33 \$82	,000 .12 .80 5.24
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accid wish to enroll* in, Age Under age 40 Ages 40-59 Age 60 and over *Evidence of insurability to Dependent Life Insurable enroll* my dependent	ental Death and insured at no cos \$20,000 cidental Death ar Change* to, Change	Dismemst to the nd Dism terminate \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	employee Cost: (er nemberme te the option 2,0,000 2.22 5.52 9.02 on the circum my preser	(AD&D) Insurance of the property of the proper	Hired at Nerage Beging rance e and AD&I e plan check a second se	ew Compa n Date at N D Insurance Select One ked below: Option 4 0,000 11.04 27.60 45.08	Plan) □ Optio \$100,00 \$22.08 \$55.20 \$90.16	n 5 00 3)) S	\$150 \$33 \$82 \$135	,000 .12 .80 5.24
Last Day Worked at Coverage End Date at Basic Life and Accid Eligible employees are All Eligible Employees Optional Life and Accid I wish to percent end of the End of the End of the Evidence of insurability of the Evidence of insurability of the End of	Prior Company: at Prior Company: at Prior Company: ental Death and e insured at no co: \$20,000 cidental Death al change* to, Option 1 \$5,000 \$1.10 \$2.76 \$4.52 may be required deprendents in, endent to 6 months sildren	Dismemst to the dismeterminate state	employee Cost: (er nemberme te the option 2 0,000 12.22 15.52 19.02 10 the circum 1 my preser Plan B \$5,000	(AD&D) Insurance Covered	Hired at Nerage Beginarance e and AD&I e plan check to see the pla	ew Compa Date at N Disurance Select One ked below: Option 4 0,000 11.04 27.60 45.08 e the plan of Plan E	Plan) □ Optio \$100,00 \$22.08 \$55.20 \$90.16 Checked be □ Plan \$20,00	n 5 500 S	\$150 \$33 \$82 \$135 Plan G \$20,000	,000 .12 .80

□ I certify that I have been given the opportunity to enroll myself and my eligible dependents in the above coverage. I have declined the Optional and/or Dependents Life coverage and understand it will be necessary for me and my dependents to furnish evidence of insurability if I desire any of the above coverage in the future (other than during an open enrollment period or other exception detailed in the certificate booklet).

days of age limit.

D. Waiver of Optional Life and Dependents Coverage



Nationwide Life Insurance Company

Home Office: Columbus, Ohio

Commonwealth of Kentucky Employee Group Life Insurance Program Enrollment/Change/Termination and Designation of Beneficiary Form **Group Insurance Contract: NP01002**

Beneficiary Designation/Change

Please complete all appropriate hoves in ink printing legibly. If you do not designate one or more haneficiaries, policy proceeds

	Basic L	ife and AD&D			
Primary Beneficiary	/ Information (Allocation to all Prim	ary Beneficiaries	must equal 100	%)	
Beneficiary Name	Address (Street, City, State, Zip)	Relationship	Date of birth	SSN	% of Benefit
Contingent Benefic	iary Information (Allocation to all C	ontingent Benefic	ciaries must equ	ual 100%)	
Beneficiary Name	Address (Street, City, State, Zip)	Relationship	Date of birth	SSN	% of Benefit
	Optional	Life and AD&D			
Primary Beneficiary	/ Information (Allocation to all Prim	ary Beneficiaries	must equal 100	%)	
Beneficiary Name	Address (Street, City, State, Zip)	Relationship	Date of birth	SSN	% of Benefit
	iary Information (Allocation to all C				
Contingent Benefic Beneficiary Name	iary Information (Allocation to all C Address (Street, City, State, Zip)	ontingent Benefic	ciaries must equ	u al 100%) SSN	% of Benefit
					% of Benefit
					% of Benefit
					% of Benefit
Beneficiary Name	Address (Street, City, State, Zip)	Relationship	Date of birth	SSN	
Beneficiary Name If more room is need	Address (Street, City, State, Zip) ed to indicate additional primary or conti	Relationship	Date of birth , please attach a s	SSN separate shee	et and list the
Beneficiary Name If more room is need information indicated	Address (Street, City, State, Zip)	Relationship ingent beneficiaries n and date all additi	Date of birth , please attach a sional sheets as we	SSN separate shee	et and list the nal form.

limitations and restrictions which may apply.

F. Fraud Warning

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.

G. Employee Signature and Date (Required)

I, the undersigned, certify that I have read the completed enrollment/change/termination form and agree that all answers in this form are true and complete to the best of my knowledge and belief. I hereby authorize my employer to deduct from my paycheck or earnings the amount required to cover my share of the coverage I have selected.

Employee Signature	Date
IC Signature	Date

Send PERSONNEL CABINET COPY TO:

Department of Employee Insurance Optional Insurance Branch 501 High St, 2nd Floor Frankfort, KY 40601