

Inshore Benefits

Enrollment Form

Please fill out form completely and submit within 30 days of qualifying event.

If this form is not received timely, enrollment changes will not be reflected on the invoice, and the employer will be responsible for premiums due on the invoice.

Employer Name:	Billing #:
Employer Name.	Billing #.

1. QUALIFYING EVENT & DATE		
Qualifying Event	Date of Event	Effective Date
New Group Enrollment	Date:	Group's original effective date
New Hire	Date:	First of the month following group's new hire waiting period
Open Enrollment	Date:	First of the month on group's anniversary month
Rehire within 30 days	Date:	Reinstate to term date
Rehire more than 30 days	Date:	Subject to group's new hire waiting period
Part-time to Full-time	Date:	First of the month following Full-time date and must have met group's new hire waiting period
Add dependent. List event:	Date:	First of the month following life event or qualifying event.
Change/Update/Other:	Date:	Subject to review

New Group Enrollment: Eligible employees and their dependents must enroll at initial new group enrollment to be eligible for coverage. Members who waive coverage must have a qualifying event or wait until open enrollment to enroll on the plan at a later date.

New Hire or Member with Qualifying Event: We must receive the completed application within 30 days of the date of hire or of the qualifying event.

Late Enrollee: A late enrollee is an employee and/or their dependent(s) who has submitted their Enrollment Application more than 30 days after their eligibility date. These employee's and/or dependent(s) must have a qualifying event to enroll at a later date and provide proof of the qualifying event. Otherwise, the employee will not be eligible for coverage until the group's open enrollment period.

Dependent(s): An eligible dependent(s) is an individual's spouse/domestic partner, and any child of the enrolled applicant or spouse/domestic partner, who is under age 26. An eligible dependent(s) declining

coverage cannot enroll at a later date unless the dependent(s) can show proof of loss of prior coverage. The dependent(s) must have a qualifying event or wait until open enrollment.

2. EMPLOYEE INFORMATION				
Employee First Name:	Employee Last Name:			
Social Security #:	Date of Hire:			
Home Address:	City:	State:	Zip Code:	
Primary Phone:	Email:			

Your email address will not be used for any purpose other than communications from Inshore Benefits Trust.

3. LIST ALL FAMILY MEMBERS ENROLLED							
Relationship	First Name	Last Name	Date of Birth	Gender	Disabled*	Dental	Vision
Self				Male Female	N/A	Enroll Terminate	Enroll Terminate
Spouse/DP				Male Female	N/A	Enroll Terminate	Enroll Terminate
Child				Male Female	Yes No	Enroll Terminate	Enroll Terminate
Child				Male Female	Yes No	Enroll Terminate	Enroll Terminate
Child				Male Female	Yes No	Enroll Terminate	Enroll Terminate
Child				Male Female	Yes No	Enroll Terminate	Enroll Terminate

*Check this box only if enrolling a disable dependent child age 26 or over and if disability occurred prior to limit age

4. PLAN SELECTION (BASED ON EMPLOYER'S PLAN OFFERINGS AND HEADQUARTERS)					
Carriers	Dental HMO	Dental PPO	Dental PPO/Premier	Vision	
Ameritas		PPO (Plan Name)		PPO (Plan Name)	
Delta Dental	HMO (Provider #)	PPO (Plan Name)	PPO/Premier (Plan Name)		
Guardian	HMO (Provider #)	PPO (Plan Name)			
Vision Service Plan				PPO (Plan name or #)	
	Employee Only Employee + Spouse/DP Employee + 1 Child Employee + 2 or more children Employee + Family	Employee Only Employee + Spouse/DP Employee + 1 Child Employee + 2 or more children Employee + Family	Employee Only Employee + Spouse/DP Employee + 1 Child Employee + 2 or more children Employee + Family	Employee Only Employee + Spouse/DP Employee + 1 Child Employee + 2 or more children Employee + Family	

l certify on behalf of my eligible dependents and myself that the answers contained in this application are complete and accurate to the best of my knowledge. I am at least 18 years of age. It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance carrier for the purpose of defrauding or attempting to defraud the carrier. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance carrier or agent of an insurance carrier who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance within the Department of Regulatory Agencies.

Employee Signature: (X)	Date:
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Inshore Benefits is a product portfolio of North Ranch Benefits Trust I Website: InshoreBenefits.com

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