



Three ways to make these eligibility changes:

- Please submit all changes on SIMON
- Email MIT@nclm.org
- Call (919) 715-4000 press 7

ENROLLMENT FORM

EMPLOYEE INFORMATION					
Company Name		Group Number			
Employees Last Name		Employees First Name			
Employee Date of Birth		Sex	M	F	
Employee Address					
Employee Email					
Actively Working	Hours worked per week	Position/Job Title			
Employee Social Security Number		Main Phone Number for Employee			
Date of Full Time Employment		Date of Hire		Annual Income:	
COVERAGE ELECTIONS					
Effective Date of Coverage					
Medical	Myself	Dependents	Plan Options		
Dental	Myself	Dependents	Plan Options		
Vision	Myself	Dependents	Plan Options		
Life	Myself	Dependents	Plan Options		
Supplemental Life					
STD	Myself				
LTD	Myself				
OTHER HEALTH INSURANCE COVERAGE					
Do you or your dependents have other health insurance coverage, including Cobra, Medicare, or Medicaid?				Yes	No
Name of Insurance Company		Name of Policy Holder			
Relationship to Employee		Plan/Policy Number			

Comment:



Dependent Information									
First/Middle/Last	Birthdate	SSN	Sex	Relationship	Medical	Vision	Dental	Life	Disabled

Beneficiary Information									
First/Middle/Last	Birthdate	SSN	Sex	Relationship	Medical	Vision	Dental	Life	Disabled

I agree that to the best of my knowledge and belief, all statements and answers to the questions in this application are complete and true and agree that they will be the basis of the issuance of any coverage by any underwriter or carrier. Subject to the approval of this application the benefits applied for shall become effective in accordance with the summary plan description of your employer’s health care plan.

Instructions for Employer

- Please keep the original signed form in the employee’s personnel records.
- Please make the enrollments in the Benefits Enrollment platform SIMON
- If enrollment is late, all past due premiums must be paid in full within thirty (30) days before employee can be placed on insurance plan.

If you have any questions, please call the Health Benefits Trust team at (919) 715-4000 press 7

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