

NexStep Enrollment Form

DATA COLLECTION FORM for Hospital Confinement Indemnity Coverage

Arranged by Special Insurance Services, Inc.

In order for Special Insurance Services to administer your employer-sponsored hospital confinement coverage and process any claims you might have accordingly, we will need the following information from you:

<input type="checkbox"/> NEW	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> CHANGE
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PLAN DATA			
If your employer offered more than one hospital confinement plan design, which plan did you choose:			
<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4
Please indicate which coverage level you elected under your employer-sponsored hospital confinement coverage:			
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Child(ren)	<input type="checkbox"/> Employee & Family

EMPLOYEE INFORMATION			
Last Name : _____		First Name: _____ M.I.: _____	
Social Security #: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: _____ Age: _____
Street Address: _____			
City: _____		State: _____	Zip Code: _____
Phone #: _____		Email: _____	
Employer: _____		Date of Hire: _____	
Occupation/Job Title: _____		If retiree, Date of Retirement: _____	

DEPENDENT INFORMATION (only those eligible may be enrolled)					
A=Add T=Termination C=Change					
A/T/C	Name (last, first, MI)	Relationship	Date of Birth	Gender	Social Security #
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F	

(Use reverse side of form if additional space is needed)

Requested Effective Date of Coverage/Change: _____

I waived enrollment under my employer's sponsored hospital confinement plan at the time I was initially eligible to participate in the plan. I understand that I can only enroll in the plan during an employer-sponsored annual open enrollment period, or upon provision of satisfactory documentation evidencing my status as a special enrollee due to a qualifying event as determined by law.

Employee's Signature: _____

Date: _____

At Special Insurance Services, we understand the importance of maintaining the confidentiality of our customers' nonpublic personal information. It is our policy not to disclose personal information about our customers except to our affiliates, or others as may be permitted by law. We have policies and procedures to safeguard nonpublic personal information about our customers which include (1) restricting access to nonpublic personal information, and (2) maintaining physical, electronic and procedural safeguards that comply with legal requirements to safeguard such nonpublic personal information.

NexStep™ -Arranged by: Special Insurance Services, Inc.
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