

# THE NELSON TRUST

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## ENROLLMENT FORM

**IMPORTANT:** THE INFORMATION ON THIS FORM WILL REPLACE ANY PREVIOUS ENROLLMENT INFORMATION SUBMITTED BY YOU.

CHECK ALL THAT APPLY: ☐ New Enrollment ☐ Adding Dependents ☐ Plan Change ☐ Address Change

EMPLOYEE'S FULL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: (Check One) Male ☐ Female ☐ EMAIL: \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ HOME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

MARITAL STATUS: (circle one) SINGLE MARRIED DIVORCED SEPARATED WIDOWED

### YOUR PLAN INCLUDES

MEDICAL PLAN: PREMIERA  
DENTAL PLAN: MODA HEALTH (ODS)  
VISION PLAN: VISION SERVICE PLAN (VSP)  
PRESCRIPTION PLAN: PREMIERA

**NOTE:** If you, your spouse, or any of your dependents are on Medicare or Medicare Eligible, please include a copy of your Medicare Card.

### COVERAGE WILL NOT BE EXTENDED TO DEPENDENTS WHOSE INFORMATION IS NOT ENTIRELY COMPLETE

Add	Term	Relationship	Social Security Number	Full, Legal Last Name	Full, Legal First Name	MI	Date of Birth MM/DD/YY	GENDER
		*Spouse						
		*Dependent						
		*Dependent						
		*Dependent						

☐ Please check box to indicate if an additional page was needed to list additional dependents

**IMPORTANT:** If your spouse works for a company that offers a medical plan they will be required to enroll on their company's medical and prescription drug plan at their next open enrollment period. If your spouse is subject to this requirement, please have the Working Spouse Verification form, included in this packet, completed by your spouse and their employer.

Is your spouse currently employed? ☐ Yes ☐ No

If you answered **YES**, which of the following apply:

☐ Employed and works full-time (30 hours or more per week)

☐ Employed and works part-time (29 hours or less per week)

☐ Self-employed

**Complete the following only if your spouse is Employed by a Company:**

☐ My spouse's employer offers a medical plan and my spouse is enrolled

☐ My spouse's employer offers a medical plan but my spouse is not eligible

☐ My spouse has elected coverage through their employer, but will not be eligible until (specify date) \_\_\_\_\_

☐ My spouse's employer offers a medical plan, my spouse is eligible but declined to enroll. The next open enrollment period will begin \_\_\_\_\_

☐ My spouse's employer does not offer group medical coverage

PMB # 116 • 5331 S MACADAM AVENUE • SUITE 258 • PORTLAND, OR 97239

(503) 222-7696 (800) 811-8853 FAX (503) 228-0149

[WWW.NELSONBENEFITS.ORG](http://WWW.NELSONBENEFITS.ORG) EMAIL: [NELSON@BENESYS.COM](mailto:NELSON@BENESYS.COM)

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By my signature on this form, I certify and warrant to the Plan that all information on this form is true, correct and current as of the date signed. I understand that the Plan is relying on my answers provided on this form. I represent under penalty of perjury, that the answers given to all questions on this form are true and accurate. I understand that if I knowingly and with intent to defraud the Plan, provide any materially false information or conceal for the purpose of misleading, any information concerning any fact material thereto, I may be subject to civil and criminal penalties. Finally, I understand that that I have the obligation to inform the Plan, in writing, within 30 days of the date there is any material change to the status of any of my dependents including by reason of divorce or legal separation, adopting of any dependent child by another person, or termination of my parental rights for any dependent child.

Signature

Date

**In completing the Enrollment Form you should be aware that your dependents include:**

1. your spouse; the person you legally marry under state law
2. your (a) dependent children under 26 years of age; (b) unmarried dependent children up to any age provided they are mentally or physically incapacitated and incapable of self-support continuously since their 19<sup>th</sup> birthday.

Children include natural children; step-children; adopted children; children placed for adoption; other children dependent upon you for support; or children who are alternate recipients under a Qualified Medical Child Support Order.

## REQUIRED DOCUMENTS NEEDED TO VERIFY ELIGIBILITY OF DEPENDENTS

<b>To verify a legal spouse</b>	<p><b>Three (3) documents are required to enroll your legal spouse.</b></p> <ul style="list-style-type: none"><li>• <b>Marriage certificate</b> or an acceptably executed <b>Marriage license</b> that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been <u>properly recorded with the County and/or State</u>. A church ceremony document will not be acceptable if it does not meet these requirements.</li></ul> <p><b>You must also provide the following two (2) documents to prove the marriage is still valid.</b></p> <ul style="list-style-type: none"><li>• <b>Federal Tax Form 1040:</b> The first two (2) pages of your current Federal Tax Form 1040. You may redact (black out) all financial information and SSNs</li><li>• <b>Joint documents must be addressed to both the employee and their spouse and be dated within the last 12 months</b><ul style="list-style-type: none"><li>• Mortgage Statement</li><li>• Bank Statement</li><li>• Utility Bill</li><li>• Rental/Lease Agreement</li><li>• Property Tax Statement</li><li>• Auto Insurance Statement</li><li>• Homeowners Insurance</li></ul></li></ul>
<b>To verify a natural or adopted child, or stepchild who is eligible until the end of the month in which the dependent turns age 26</b>	<p>Return a <u>legible</u> photocopy of an acceptable birth certificate or hospital birth record that shows your name or the name of your enrolled spouse as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies the court, county or state, date of the action, and the filing record or a court signature that have been signed and/or stamped by a member of the court or you may send a paternity test.</p> <ul style="list-style-type: none"><li>▪ If your spouse is not enrolled and his/her name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.</li></ul>

If you enroll a dependent that is not eligible, you will be responsible to repay any payments made on behalf of the ineligible dependent. In addition, The Nelson Trust may refuse to pay any future claims for you and your other dependents, or you and your other dependents may lose coverage under The Nelson Trust.