



## Supplemental Hospital Portability Enrollment Form

**The employee must satisfy all of the conditions noted in the Certificate to be eligible for continuation of coverage. Please refer to the Portability of Insurance section in the Certificate for additional details.**

### Employee Instructions

1. You will need to complete all sections of this form. All questions should be answered by the employee or his/her legally appointed guardian or representative.
2. Be sure to keep a copy of this form and all additional documentation for your records.
3. Send this completed form and a check for the first premium due to the address or email below. A check is not required for the first premium due if automatic bank withdrawal (ACH) billing option is elected. **You have 31 days from your group coverage termination date to submit the completed form and premium.**

Nationwide Employee Benefits  
PO Box 1910  
Covington, LA 70434

Or Email at [service@nebsupport.com](mailto:service@nebsupport.com)

Please Note: If electing ACH as payment option, be sure to complete Premium Payment Section below.

### SECTION 1

Employer Name		Policy Number NE00005	
Employee Name (First, MI, Last)		Date of Birth	
Residence Address	City	State	Zip Code
Social Security #	Home Phone #		
Original Effective Date of Member's Coverage (including prior carrier)			
Last Day Worked		Group Coverage Termination Date	
Reason Employment Terminated			
Benefit Elected under the Employer Plan:			
Employee Hospital Indemnity:		\$300.00	
Dependent Elections (coverage must be in force under the employer group plan in order to elect continuation):			
Spouse Hospital Indemnity: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child(ren) Hospital Indemnity: Yes <input type="checkbox"/> No <input type="checkbox"/>			

### SECTION 2: Benefit Election – Please check Benefit(s) to be Ported

<input type="checkbox"/> Employee Hospital Indemnity
Dependent Elections:
Spouse Hospital Indemnity: Yes <input type="checkbox"/> No <input type="checkbox"/>
Child(ren) Hospital Indemnity: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Billing Option (Choose One):**

Monthly\*       Quarterly       Semi-annual       Annual

\*Premiums must be set up on automatic bank withdrawal for monthly billing option. Please complete ACH information below.

**Premium Payment Option (Choose One):**

**Please select one of the following benefit payment options:**

Check  
 ACH - As a convenience to me, I authorize Nationwide Insurance and its authorized representative, Gilsbar, L.L.C., Covington, LA (TIN #72-0519951), to debit premiums and, if necessary, make adjustments for any error to my account at the Bank (or other financial institution) I have indicated below.

Bank Name \_\_\_\_\_ Name on Bank Account \_\_\_\_\_  
Checking       Savings

If selecting Checking Account, please submit **a voided blank check**.  
If selecting Savings Account, please submit **a copy of a bank statement, direct deposit authorization form or other documentation showing the routing and account numbers**.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**BEFORE YOU RETURN, PLEASE SIGN & DATE PAGE 3.  
DON'T FORGET TO INCLUDE A CHECK FOR THE FIRST PREMIUM DUE (NOT APPLICABLE IF ELECTING ACH PAYMENT OPTION). SEE SECTION 3 FOR PREMIUM DETAILS.**

**SECTION 3: Premium Calculation Worksheet**

**Please use the table below to find and calculate your premium amount. The benefit is equal to the benefit amount you elected under the employer group plan - see Section 1 for details.**

**Supplemental Hospital - Portability Monthly Premium Rates**

Employee Age	\$300/day Benefit			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
18-54	9.53	18.63	13.59	22.77
55-64	18.83	37.72	28.80	50.03
65-69	27.80	55.62	42.58	70.92

Premiums will increase to the next age bracket on the first of the month following an age change.

\*If electing a quarterly billing mode, multiply monthly premium by 4; If electing a semi-annual billing mode, multiply monthly premium by 6; If electing an annual billing mode, multiply monthly premium by 12.

## SECTION 4: Employee Certification and Signature

### I UNDERSTAND THAT THE INSURANCE FOR WHICH I HAVE APPLIED WILL NOT BECOME EFFECTIVE UNLESS I HAVE FULLY COMPLETED THIS FORM, SUBMITTED THE REQUIRED PREMIUM IF APPLICABLE AND HAVE RECEIVED WRITTEN APPROVAL FROM NATIONWIDE.

I UNDERSTAND that this application form is necessary for continuation of the coverage under portability. I certify that I am eligible to port coverage per the requirements set forth in the Certificate of Coverage, and I understand that I may elect to port an amount equal to or less than my total coverage amount while an active employee, subject to any minimums or maximums outlined in the Certificate of Coverage.

I UNDERSTAND that the portability premiums may differ than those offered through my Employer's Plan. The premium for the Portable Coverage will be determined by the Policy type, my risk classification, Nationwide's published rates in effect and my Policy age at the time of application. The premium rate may change annually on my date of birth.

I UNDERSTAND that my Supplemental Hospital or Dependent Supplemental Hospital coverage under portability will terminate in accordance with the provisions set forth in the Certificate.

**This form should be completed and filed within 31 days of the coverage termination date.**

#### State Fraud Notices

**(Alabama)** Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**(Alaska)** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**(Arizona)** Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**(Arkansas)** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**(California)** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**(Colorado)** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company 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 Colorado division of insurance within the department of regulatory agencies.

**(Delaware)** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**(District of Columbia)** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**(Florida)** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**(Idaho)** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**(Indiana)** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**(Kentucky)** 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.

**(Louisiana)** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**(Maine)** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**(Maryland)** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**(Minnesota)** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**(New Hampshire)** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**(New Jersey)** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**(New Mexico)** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**(New York)** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**(Ohio)** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**(Oklahoma)** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**(Pennsylvania)** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

**(Rhode Island)** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**(Tennessee)** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**(Texas)** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**(Virginia)** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**(Washington)** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**(West Virginia)** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Employee Signature



Date