



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 #:

1. QUALIFYING EVENT & DATE

Table with 3 columns: Qualifying Event, Date of Event, Effective Date. Rows include New Group Enrollment, New Hire, Open Enrollment, Rehire within 30 days, Rehire more than 30 days, Part-time to Full-time, Add dependent, List event, Change/Update/Other.

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.
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.

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

Table with 8 columns: Relationship, First Name, Last Name, Date of Birth, Gender, Disabled\*, Dental, Vision. Rows for Self, Spouse/DP, Child, Child, Child, Child.

\*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)

Table with 5 columns: Carriers, Dental HMO, Dental PPO, Dental PPO/Premier, Vision. Rows for Ameritas, Delta Dental, Guardian, Vision Service Plan, and plan options like Employee Only, Employee + Spouse/DP, etc.

I 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.

Employee Signature: (X) Date:

Inshore Benefits is a product portfolio of North Ranch Benefits Trust | Website: InshoreBenefits.com
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