

Enrollment and Change Form



Northwestern Mutual

Group Insurance Administration
 Post Office Box 2177, Portland, OR 97208-2177
 Telephone (800) 378-4665
 dl-largegrp-service@northwesternmutual.com

To Be Completed By Employer

Policy Number L701200	Division	Billing Class	Date of Employment
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To Be Completed By Employee Apply for Coverage

Name Change Add or Delete Dependent Date of add/delete _____

Name (Last, First, Middle)	Social Security Number	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City	State Zip
Former Name (Last, First, Middle) <i>Complete only if name change</i>		Phone Number	
Employer Name Radiology Consultants of Iowa, PLC		Job Title/Occupation	
Hours Worked Per Week	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	

Coverage (Check with your Employer about coverage options available to you and Evidence Of Insurability requirements.)

Life and Accidental Death & Dismemberment (AD&D) Insurance

- Life and AD&D
- Additional Life Requested amount \$ _____
- Additional AD&D Requested amount \$ _____

Dependents Life and AD&D Insurance

- Spouse Life Requested amount \$ _____
- Spouse AD&D Requested amount \$ _____
- Spouse Name _____ Birthdate _____
- Child(ren) Life Requested amount \$ _____
- Child(ren) AD&D Requested amount \$ _____

- Short Term Disability Short Term Disability Buy-up
- Long Term Disability Long Term Disability Buy-up

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Employee Signature Required _____ Date _____

Please email this form to dl-largegrp-service@northwesternmutual.com and retain a copy for your records.