

*Check all box(es) that apply and complete all sections of the form. Mail completed form to the address listed below.*

MEMBER INFORMATION	<b>Enrollment</b>		<b>Change</b>			
	<input type="checkbox"/> Initial Enrollment		<input type="checkbox"/> Change Coverage		<input type="checkbox"/> Address Change	
	<input type="checkbox"/> Rehire/Reinstatement		<input type="checkbox"/> Terminate Coverage		<input type="checkbox"/> Name Change	
	Group Name <b>State of Nevada Public Employees' Benefits Program</b>			Group Number <b>642682</b>		
	Agency Name		Agency Phone Number		Agency Type <input type="checkbox"/> State <input type="checkbox"/> Non-State	
	Your Name (Last, First, Middle)			If name change, what was your former name?		
Your Mailing Address				City	State	Zip
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire		Soc. Sec. No.		
DISABILITY	<b>VOLUNTARY SHORT TERM DISABILITY</b>					
	<input type="checkbox"/> <b>Option A</b> (7-day Benefit Waiting Period) <input type="checkbox"/> <b>Option B</b> (14-day Benefit Waiting Period) <input type="checkbox"/> <b>Option C</b> (30-day Benefit Waiting Period) Annual Salary \$_____ Are you currently enrolled in a Short Term Disability program? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Please Note: Annual salary is mandatory for processing this application.</b>					
SIGNATURE	I wish to apply for insurance under the Group Insurance Plan, or to authorize the changes noted above. 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.					
	Member Signature Required				Date (Mo/Day/Yr)	
QUESTIONS	Still have questions about coverage? Contact Standard Insurance Company at 1.888.288.1270.					
INSTRUCTIONS	Please return completed form to the address below: <b>State of Nevada Administration Team</b> <b>Mestmaker Insurance Services</b> <b>P.O. Box 2302</b> <b>Bakersfield, CA 93303-2302</b>					

*Please retain a copy for your records.*