

ILLINOIS NCPERS PLAN

ENROLLMENT/CHANGE OF BENEFICIARY FORM

New Member Enrollment Open Enrollment Change of Beneficiary

Be sure to:

1. Type in your information.
2. Print out and sign the form.
3. Return the form to your employer.

Member Last Name	First Name	Middle Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street	City	State	ZIP Code	Home Phone Number
Date of Birth	Social Security Number			
Occupation of Member	Member's Date Employed	Actively at Work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No—You are not eligible for this coverage.
Beneficiary—Full Name (Example: Mary A. Doe, not Mrs. John A. Doe)			Relationship of Beneficiary	
Address of Beneficiary	City	State	ZIP Code	
% of Benefit to be Distributed				

FOR EMPLOYER: Please show date of first deduction (Mo. Day Yr.)

EMPLOYER Unit No.

I declare the above statements and answers are complete and true and understand they are the basis for providing life insurance under a plan (or plans) issued by The Prudential Insurance Company of America to the National Conference on Public Employee Retirement Systems, in which I will participate upon becoming insured. I hereby authorize my employer to deduct from my wages amounts equal to the contributions required for me toward the premiums for Group Insurance under the NCPERS plan issued by Prudential. A photographic copy of this authorization shall be as valid as the original. The effective date of coverage will be the first day of the month following payment of my contribution through payroll deductions.

Name of Employer	City	State	ZIP Code
Signature of Member			Date

Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing a statement of claim for payment of a loss or benefit, commits a fraudulent insurance act, is guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.