

# Group Employee Benefits Enrollment Form/Change Form

**Regular Mail:**  
Equitable Employee Benefits Group  
PO Box 2107  
Secaucus, NJ 07096



# EQUITABLE

\*

**Express Mail:**  
Equitable Employee Benefits Group  
500 Plaza Drive, 6th Floor  
Secaucus, NJ 07094

**For Assistance Call (866) 274-9887**

**Email: EBCustomerservice@Equitable.com**

Equitable Financial Life Insurance Company  
Equitable Financial Life Insurance Company of America

**TOWN OF WESTFORD ~ SPECIAL OPEN ENROLLMENT**

**SECTION 1 PROPOSED INSURED INFORMATION - PLEASE PRINT USING DARK INK**

Employer Name and Address: <b>Town of Westford - 55 Main Street, Westford, MA 01886</b>					
Group Number# <b>006110</b>	Class <b>Class 1</b>	<input type="checkbox"/> Town <input type="checkbox"/> School	Department	Effective Date: <b>6/1/2023</b> <small>(Subject to underwriting approval as needed)</small>	
Employee Name: <i>First, MI, Last</i>		Social Security Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married**	Date of Birth: <i>(mm/dd/yyyy)</i>
Home Address:		City:	State:	Zip:	County: Worksite Zip 01886
Job Title:	Annual Salary:	Hours Per Week:	Salaried Hourly	Employment Date:	

Status:  
 **New Enrollee**

**COVERAGE(S) ELECTED**

The following coverages are only available if your Employer offers them. Please check the applicable insurance coverage(s) you are electing.

**NOTE:** If you are declining coverage by your Employer, please select the "waive coverage" selection below.

**COMPLETE THIS SECTION IF APPLYING FOR DISABILITY INSURANCE**

**Voluntary Short Term Disability**

The benefit amount is 60% of your weekly pay; Maximum weekly benefit \$1,000.

Waive Coverage\*

**Voluntary Long Term Disability**

The benefit amount is 60% of your monthly pay; Maximum monthly benefit \$11,000.

Waive Coverage\*

\*\*Equitable is the brand name of Equitable Holdings, Inc. and its family of companies, including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY), Equitable Financial Life Insurance Company of America (AZ stock corp., admin. office: Jersey City, NJ), and Equitable Distributors, LLC.


**ACKNOWLEDGEMENTS**

By signing this Enrollment form, I understand and agree that:

- (1) I authorize my Employer to make required deductions, if any, from my salary to pay the premium for my insurance as elected above once in effect.
- (2) All statements and answers I have given are complete and true to the best of my knowledge and belief.
- (3) Coverage is not in effect until final approval is given by the Company<sup>1</sup>.
- (4) No person, except an officer of the Company, is authorized to vary or modify a contract.
- (5) I have read and acknowledge the applicable fraud warning attached.
- (6) I, the undersigned agree that statements and answers in all parts of the enrollment form are true and complete to the best of my knowledge and belief.

**EMPLOYEE WAIVER OF INSURANCE**

I have been given the opportunity to apply for the group insurance plan coverage as presented to me, but do **NOT** wish to enroll in the insurance plans offered. Coverage offered by my Employer and not elected in the Insurance Coverage Election portion of this form is assumed to be coverage that I have refused. No waivers are allowed for non-contributory coverage. I understand that if I or my dependents decide to apply for this group insurance plan at a later date, Late entrant penalty and/or Evidence of Insurability will be required at my own expense. The Evidence of Insurability must be approved by the Company.

	<b>Employee/Applicant Signature</b>	<b>Date</b>
	<b>Spouse Signature Voluntary/Supplemental</b>	<b>Date</b>

**FRAUD WARNINGS**

**Arkansas, Louisiana, New Mexico, Rhode Island, and 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.

**California:** Any person who knowingly presents 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.

**District of Columbia:** **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Maine, Tennessee, Virginia and Washington:** **WARNING:** 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.

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

**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.

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

**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 York:** Note: Does not apply to Life Insurance. 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 five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** Any person who, with intent to defraud or knowing that he/she 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:** 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.

**Oregon:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement that is material to the interests of an insurer may be guilty of insurance fraud.

**Pennsylvania:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or a 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.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**All Other States:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

<sup>1</sup> References herein to the "Company" refer to either Equitable Financial Life Insurance Company or Equitable Financial Life Insurance Company of America as the applicable issuing company