# MEMBER ENROLLMENT

| | | | | |
|---|---|---|---|---|
| 1 | Full Name | | 2 | SSN | |
| 3 | Email Address | | | | |
| 4 | Address | | | | |
| 5 | City & State | | 6 | Zip | |
| 7 | Date of Birth | | 8 | Phone Number | |
| 9 | Occupation | | | | |

## SAVINGS GROUP MEMBERSHIP

$ ☐ *savings limit* | $ ☐ *savings contribution* ☐ Monthly ☐ Annually | *pays you interest* $3,000 to $5,999: 2% $6,000 to $11,999: 3% $12,000 and up: 4%

**BENEFICIARIES** MUST BE 18 YEARS OR OLDER

| | | | | |
|---|---|---|---|---|
| **Primary #1** | Name | | | |
| | Phone Number | | Relationship | |
| **Contingent #2** | Name | | | |
| | Phone Number | | Relationship | |

## HIPAA RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize ISG and my employer, their affiliates, employees, and agents (collectively my group health plan) to have access and to maintain my personal health information for the purpose administering my group health plan. I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may be no longer protected by applicable federal and state privacy laws. This authorization is valid for the duration of the plan year, specified in my group health plan document and summary plan description. I understand that I have the right to revoke this by providing written notice to my employer or ISG. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My revocation or refusal of this release will affect my eligibility, enrollment, and benefits in my group health plan.

## BANK INFORMATION

☐ I authorize ISG Administrators to initiate a credit and/or debit entry to my account for my health plan and savings group reimbursements. This agreement is to remain in full effect until written notification is supplied by me to ISG Administrators terminating this agreement.

**A "VOIDED" CHECK MUST ACCOMPANY THIS FORM**

Signature_______________________________________________ Date _______________