consolidated
INSURANCE + RISK MANAGEMENT

NATIONAL ELECTRONIC
NESA
SECURITY ALLIANCE

NESA Benefit Enrollment Form

Business Name:

Employee Name	Gender	Date of Birth	Social Security Number

Employee Address:

Dependents	Gender	Relationship	Date of Birth	Social Security Number
				OPITIONAL
				FOR DEPENDENTS

Dental Options (choose one)

	Plan A		Plan B		Other Options
	Ortho	No Ortho	Ortho	No Ortho	
Employee Only	☐	☐	☐	☐	☐
Employee/Spouse	☐	☐	☐	☐	☐
Employee/Children	☐	☐	☐	☐	☐
Family	☐	☐	☐	☐	☐
Waive Coverage	☐				

Vision Options (choose one)

Employee Only ☐
Employer/Spouse ☐
Employer/Children ☐
Family ☐
Waive Coverage ☐