



Enrollment Form

Group # \_\_\_\_\_

Effective Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender  Male  Female SSN \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

North American Transportation Association (NTA) Location \_\_\_\_\_

Salary \$ \_\_\_\_\_  Hourly  Weekly  Semi-Monthly  Monthly  Annually  Bi-Weekly Occupation \_\_\_\_\_

Hire Date \_\_\_\_\_ Hours Worked per Week \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Benefits Description**

**Short Term Disability**

**Accident**

Elimination Period: **14 days Accident / 14 days Sickness**

Benefit Period: **52 weeks**

**\$300 / week** for off the job Disability

**\$150 / week** for on the job Disability

Benefits include: **Ambulance, Daily Hospital Confinement, Fracture, Hospital & Medical, AD&D / Loss of Life, Catastrophic Accident, Dislocation, Burn, Laceration**

Guaranteed Issue coverage, No Pre-existing Limitations

No Coordination of Benefits, No Annual Maximum

In absence of fraud, my answers in this enrollment form shall be deemed representations and not warranties. If any data has been misstated, the correct data will be used to determine if insurance is in force. If insurance is in force, the premium and/or benefits will be adjusted according to the facts.

I understand that "pre-existing conditions" are generally not covered under the coverage(s) applied for and I should read my Certificate for a more detailed explanation of the pre-existing exclusion.

I understand that other income that I am entitled to receive may affect my coverage and I should read my Certificate for more detailed information regarding the effect other income may have on my benefit.

I certify under penalties of perjury that the Social Security Number shown on this enrollment form is correct to the best of my knowledge and I am not subject to backup withholding.

The insurance applied for shall be in force as of the date of the payroll deduction authorization signed by me, provided that the Company approves the enrollment form without any modification as to the plan, amount or premium, and, further provided that the Company receives the first premium payment from my employer within 90 days from the date hereof. If the first premium is not received within 90 days, no insurance will become effective.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Email to [nta@enhancebenefits.com](mailto:nta@enhancebenefits.com) or click here:

or print and fax to **760-454-4583**.

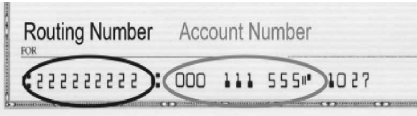
Initial Box to designate type of payment.  
ALL Payments must be made no later than the 16th of each month.

- Automatic ACH deduction.
- Automatic Credit Card.
- Will pay on-line as shown on Invoice.
- Will pay by check.



## Electronic Check/ Credit Card Authorization Form

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check (Last, First): _____	
Address: _____	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Number: _____	
Bank Account Number: _____	
Amount Authorized: _____	
Email Address for electronic receipt (optional): _____	
Signature: _____	

Please complete the information in the box below to authorize a credit card transaction.

Card Holder Name: _____	
Card Address: _____	
Amount Authorized: _____	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master-card <input type="checkbox"/> Discover-card	Expiration Date: ____/____
Card Number: _____	3-digit security code: _____
E-mail Address for electronic receipt (optional): _____	
Signature: _____	

**MEMBERSHIP REGISTRATION FOR NORTHAMERICAN TRANSPORTATION ASSOCIATION**

In applying for membership with North American Transportation Association Inc. (NTA Inc.) for the procurement of any of the association's programs, I or We, are desirous of becoming a member of NTA and understand that the membership in NTA Inc. is limited to and made up entirely of separate transportation related companies consisting of at least one owner. NTA offers its members a free subscription to NTA's "High-Way Hi-Lites," an electronic weekly newsletter & "10-4 Magazine", a monthly electronic magazine.

**We understand and agree that we must have on file a current credit card and/or electronic check payment form (ACH) at all times.** We understand that some benefits or services are for MEMBERS ONLY. To help new member companies establish a credit line, we understand that all accounts are reported to our in-house credit bureau on a monthly basis.

THIS FORM MUST BE SIGNED by an authorized representative from each company and returned with the applicable fees to NTA Inc. before any services or benefits can be started. Please keep copies of this form for your record keeping as proof of your association membership with NTA Inc.

You may fax this application and payment authorization to 800-810-6998 or return to the North American Transportation Association Inc., 9120 Double Diamond Parkway, Suite 346, Reno, NV 89521. [www.ntassoc.com]

**PLEASE PRINT**                      Date \_\_\_\_\_                      NTA ID # \_\_\_\_\_

Name of Company/Individual \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City/State \_\_\_\_\_ Zipcode \_\_\_\_\_

US DOT# \_\_\_\_\_ FMCSA MC # \_\_\_\_\_ PIN # or SS# \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address \_\_\_\_\_ Web site \_\_\_\_\_

Total number of employees you will enroll \_\_\_\_\_

Total number of Independent Contractors you have to enroll \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

<b>FOR OFFICE USE ONLY</b>		
DATE: _____	CHECK # _____	CASH _____
HH _____	CM _____	QB _____
AMT REC'D _____	RE: _____	

Print Name

**NTA Membership Dues Rate Schedule for Motor Carriers & Independent Contractors**

**Dues include a Free subscription to Hi-Way Hi-Lites (association electronic newsletter) and a Free subscription to 10-4 Magazine**

**No of Drivers    Membership Fee Schedule for Motor Carriers is based on the number of drivers reported x 12 months**

<b>1</b>	<b>\$100.00 per year for each Independent Contractor.</b>
	<b>Motor Carrier Schedule</b>
<b>2 to 10</b>	<b>\$4.50 per driver x 12 months = Annual Fee</b>
<b>11 to 20</b>	<b>\$4.00 per driver x 12 months = Annual Fee</b>
<b>21 to 50</b>	<b>\$3.50 per driver x 12 months = Annual Fee</b>
<b>51 to 100</b>	<b>\$3.00 per driver x 12 months = Annual Fee</b>
<b>101 to 200</b>	<b>\$2.50 per driver x 12 months = Annual Fee</b>
<b>201 to 500</b>	<b>\$2.00 per driver x 12 months = Annual Fee</b>
<b>501 &amp; Over</b>	<b>\$1.50 per driver x 12 months = Annual Fee</b>
	<b><i>Must be secured by either a credit card or an electronic check payment authorization.</i></b>
	<b><i>Membership is Non-Refundable</i></b>