

## 2019 Life and AD&D Insurance Enrollment Form

Employee ID: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Monthly Salary: \_\_\_\_\_

### EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Date of Birth	Date of Hire	Social Security Number
Address			City, State		Zip Code
Phone Number		Email Address			
Gender: Male Female		Marital Status: Single Divorced Married			

### GROUP LIFE / AD&D - EMPLOYER PAID INSURANCE (Flat \$50,000) - BENEFICIARY DESIGNATION

#### PRIMARY BENEFICIARY DESIGNATION

Last Name	First Name	Relationship to Insured	Date of Birth	Address of Beneficiary	Percentage Total:

### VOLUNTARY LIFE / AD&D - Employee pays the premium if elected. Only complete this section if you are ELECTING to participate. If you are electing more than the Guaranteed Issue, please return this form along with the Evidence of Insurability form.

Enroll	Waive	Type of Coverage	Amount of Coverage (\$)	Total Monthly Premium (\$)
		Employee Voluntary Life/AD&D Insurance - Increments of \$10,000 to a \$500,000 maximum. Guaranteed Issue Amount: \$100,000 (less than 65)		
		Spouse Voluntary Life/AD&D Insurance - Increments of \$5,000 up to \$100,000 maximum. (cannot exceed 50% of employee amount) Guaranteed Issue Amount: \$25,000 (less than 65)		
		Dependent Child Life/AD&D Insurance - Flat amount of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000		

### VOLUNTARY LIFE / AD&D - ENROLLED DEPENDENT INFORMATION

Last Name	First Name	M.I.	Gender	Relationship	Date of Birth	Voluntary Life / AD&D
			Male	Spouse		Add
Social Security #				Female	Child	Delete
			Male	Spouse		Add
Social Security #				Female	Child	Delete
			Male	Spouse		Add
Social Security #				Female	Child	Delete
			Male	Spouse		Add
Social Security #				Female	Child	Delete

### VOLUNTARY LIFE / AD&D - BENEFICIARY DESIGNATION

Last Name	First Name	Relationship to Insured	Date of Birth	Address of Beneficiary	Percentage Total:

### AUTHORIZATION

- My elections cannot be changed until the next annual enrollment, unless I have an IRS qualified change in status such as marriage, divorce, death, birth, change in child's dependent or student status or in my or my spouse's employment status, or loss of spouse's health coverage. If I want to change my elections due to a qualified change in status event, I must provide a new enrollment form to Human Resources within 30 days of the effective date of the status change.
- This enrollment form does not constitute an employment or insurance contract.
- Life Insurance - \*\* Evidence of Insurability - A medical Evidence of Insurability ("EOI") application will be required for any employee who applies for coverage more than 31 days past his/her eligibility date. An EOI application is also needed if you: \*\* Apply for a higher coverage than the Maximum Guaranteed Issue amount \*\* Want to increase your existing coverage at a later date\*\*Decline coverage and then want it at a later date. \*\*If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan; such coverage will not start until the date I return to work.

EMPLOYEE NAME (PRINT): _____	
EMPLOYEE SIGNATURE: _____	DATE: _____