Standard Insurance Company **Enrollment and Change**

## To Be Completed By Human Resources

| Group Number | Division | Billing Category | Date of Employment |
|---|---|---|---|
| **649148** | | | |

## To Be Completed By Applicant

☐ Apply for Coverage ☐ Beneficiary Change ***Complete Beneficiary Section below.*** ☐ Name Change

☐ Add or ☐ Delete Dependent Date of add/delete _____

| Your Name (Last, First, Middle) | Your Social Security Number | Birth Date | ☐ Male ☐ Female | |
|---|---|---|---|---|
| Your Address | | City | State | ZIP |
| Former Name (Last, First, Middle) *Complete only if name change* | | | Phone Number | |
| Employer Name **Pleasant Valley Community School District** | | | Job Title/Occupation | |
| Hours Worked Per Week | Earnings $_____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year | | | |

**Coverage** ***Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.***

**Life Insurance**

☐ Voluntary Life with AD&D Your requested amount $_____

**Dependents Life Insurance**

☐ Spouse Life Requested amount $_____

Spouse Name_____ Date of Birth_____

☐ Child(ren) Life Requested amount $_____

**Beneficiary** ***This designation applies to Life/Life with AD&D Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.***

| Primary - Full Name | Address | Soc. Sec. No. | Relationship | % of Benefit |
|---|---|---|---|---|
| | | | | |
| | | | | |

| Contingent - Full Name | Address | Soc. Sec. No. | Relationship | % of Benefit |
|---|---|---|---|---|
| | | | | |
| | | | | |

**Signature** I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

***Return completed form to your Human Resources Department.***

## Beneficiary Information

- Your designation revokes all prior designations.

- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).

- If you name two or more Beneficiaries in a class:

    1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.

    2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.

    3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____ ."

- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.

- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.