Enrollment and Change

Го Be Completed By A			Coverage Beneficiary Chan Delete Dependent Date of a	nge <i>Complete Benefic</i>			Change
Your Name (Last, First, Middle)			Your Social Security Number Birth Date			Male	Female
Your Address City		State	ZIP		Phone Number		
Job Title/Occupation	<u> </u>	Former N	lame (Last, First, Middle) Complete	only if name change		lame & Policy Nu	
Hours Worked Per Week Earnin		Earning	gs \$Per: [Hour We		-	
		-	epartment, Heer Hall about co				
Evidence Of Insurability req Life Insurance	juirements.						
$\square Basic Life with AI$	D&D (Employer Pa	id)					
Additional/Optional Life	e You may choose on	ne of the fo	ollowing plan options. Cover 3x Annual Earnings	age amount cann	ot exceed \$:	500,000.	
Dependents Life Insuran	ice	-	increments of \$10,000 to a m	naximum of \$250	.000) \$		
Dependent Child(r							
Full name				Date c	of Birth		
				Date of Birth			
				Date of Birth			
			wing plan options: Optio				
Employee Only	Employee	and Fami	AD&D) Insurance <i>You may o</i> ily (Family may include Emp ase refer to the Voluntary AE	ployee and/or Spot	use/Domest	tic Partner and	/or Children
			&D Insurance available throw				1.1.1.
and/or Contingent must ed designate more than two b	equal 100%. If you d beneficiaries in any	lo not nam v category	ur lifetime. See page 2 for fur ne a beneficiary, benefits will below, please complete the s achment and staple it to the e	l be paid as descri <mark>same requested in</mark>	ibed in the g	group policy. I	f you wish to
Designations for BASIC L	•1 • 0		-				
PRIMARY - Full Name	Α	Address		Soc. Sec. No.		Relationship	% of Benefi
]]]
CONTINGENT- Full Name		Address		Soc. Sec. No.		Relationship	% of Benefi
				+			+
Designations for ADDITIC	ONAL/OPTIONAL LI	IFE INSUR	ANCE				
PRIMARY - Full Name		Address		Soc. Sec. No.		Relationship	% of Benef
CONTINGENT- Full Name	A	Address		Soc. Sec. No.		Relationship	% of Benefi
Designations for VOLUNT							
PRIMARY - Full Name	A	Address		Soc. Sec. No.		Relationship	% of Benef
				<u> </u>		<u> </u>	<u> </u>
_							
CONTINGENT- Full Name	A	Address		Soc. Sec. No.		Relationship	% of Benef
				+			
			is form. If electing coverage, understand my deduction an				
understand that coverage(s				louint with change			llallge. 1
Employee Signature Required			J	Date (Mo/Day/Yr)			

Return completed form to the Human Resources Benefits Department, Heer Hall.

- 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.