

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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address	City	State	ZIP	Phone Number
Job Title/Occupation		Former Name (Last, First, Middle) <i>Complete only if name change</i>	Employer Name & Policy Number Kent State University 642427	
Hours Worked Per Week		Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

Coverage: Check with the Human Resources Benefits Department, Heer Hall about coverage options available to you and Evidence Of Insurability requirements.

Life Insurance

Basic Life with AD&D (Employer Paid)

Additional/Optional Life You may choose one of the following plan options. Coverage amount cannot exceed \$500,000.

1x Annual Earnings 2x Annual Earnings 3x Annual Earnings

Dependents Life Insurance

Spouse/Domestic Partner requested amount (in increments of \$10,000 to a maximum of \$250,000) \$ _____

Spouse/Domestic Partner Name _____ Date of Birth _____

Dependent Child(ren)

Full name _____ Date of Birth _____

Full name _____ Date of Birth _____

Full name _____ Date of Birth _____

Full name _____ Date of Birth _____

Long Term Disability You may choose one of the following plan options: Option 1: 50% Option 2: 60%

Voluntary Accidental Death and Dismemberment (AD&D) Insurance You may choose one of the following plan options:

Employee Only Employee and Family (Family may include Employee and/or Spouse/Domestic Partner and/or Children)

Your requested amount \$ _____ Please refer to the Voluntary AD&D insurance booklet for details.

Beneficiary: This designation applies to Life and AD&D Insurance available through your Employer. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information. **Each designation total for Primary and/or Contingent must equal 100%.** If you do not name a beneficiary, benefits will be paid as described in the group policy. **If you wish to designate more than two beneficiaries in any category below, please complete the same requested information on a separate sheet of paper, including insurance type, sign and date the attachment and staple it to the enrollment form.**

Designations for BASIC LIFE WITH AD&D INSURANCE

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

Designations for ADDITIONAL/OPTIONAL LIFE INSURANCE

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

Please sign and date the back side of the enrollment form.

Designations for VOLUNTARY AD&D INSURANCE						
Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*
Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	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 my deduction amount will change if my coverage or costs change. I understand that coverage(s) not specifically elected will not become effective.

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

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

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.