

Basic and Additional Life Insurance Enrollment Form

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Basic Employee Information:

Name: _____ Social Security #: _____
 Salary: _____ Date of Birth: _____
 Date of Hire: _____

Basic Dependent Life Insurance

, HOHFW enroll P\ 'HSHQG HLDW\K'HH SHQG H%QW\LA IS ODDW\KOR QWKO\ FRVW
 , HOHFW decline WKHSHQG H%QW\LA IS ODQ

SPOUSE:

First Name	Last Name	Gender	Date of Birth

CHILD:

First Name	Last Name	Gender	Date of Birth

Additional Life Insurance

Employee Additional Life Insurance - <RX KDYH WKH RSSRUWXQLW\ WR HQUROO L-QDQW K Q EY HQ F H & DPSXV \$ GGLWLR QDQ V XUDQFH SODQ <RXU HOHFWLRQ PD\ EH PDGH WLR RL QH FHHH Q QWKMLR HVVHU \RXU VDODU\ RU ,I \RX HOHFW DQ DPRXQW WKDWDQ\W H H G VL WKXH DPRXQW RI \RX ZLOO (YLGHQF, Q RXUDEW\LV VDWLVIDFWRU\ WR 6WDQGHU Q U B WXKH QH F H H & R P S D Q \ E H Y R R J H H I H F W L Y H complete the Beneficiary Designation section on side 2 of this form.

8VH WKH UDWH FKDUW DQG FDOFXODWLRQ OLQH EHQZ\WRRGHWKLUP EGMHBBUHQWKO\

Age	8 QGHU	8	11	12	15	25	40	68	88	2.20	75	75
Rate	8	8	11	12	15	25	40	68	88	2.20	75	75

, HOHFW enroll WLRQ WSGGLWLR QDQ SODQ DW WKH FROWKHORZ

_____ | _____
 (OHFWHG %HQHILW \$PRXQW 5DWH \$ERYH <RXU ORQWKO\ &RVW

, HOHFW decline R W K \$ G G L W L R Q D Q S O D Q

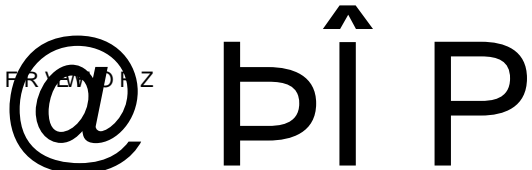
(OHFWHG HDLPRXQW WRXQ Q HGHJW <RXBRVDFK DQJLRXDJHFDWHJRWDQDFK DQJZHLW K L Q H H Q H S O D Q D U & D W H J E B D V H G D J H W R I D Q 1RWH %HGHXFWELRQDQJH 3OHVHMRXEHQHIDQVRLQLVWRUWURKELRUPDWLRQ

Additional Life Insurance (Spouse) - ,I \RX HOHFW WSGGLWLR QDQ SODQ URXUVHROX PDHOHFW \$ G G L W L R Q D Q FRYHURURXU VSRX\ \RXHOHFW DPRXQW DW FHHQKHXDUDQW H H G H DPRXQW \RXVSRXZHOQHGR SURYLGHLGHRERRRGHDOWKDWDWLVIDWVFRDVLHQVXUDQFHSDEHIRUHHWKRHFVDCHEFRPH H I I H F W L Y H <RXUHOHFWDREHPDGHQ QFUHPRQWV WDPD\LPXRI EXWDQRW\FHHG RIRX DSSURYHG HOHFW \$ G G L W L R Q D Q S O D Q D W H V S D Q H P L X P V E D V H G W K H P S O R \ H H Q R W K W S R X V H V D J H

8VHWKHWKDUWFKDUW D O F X O D W L R Q Z S H W H U R R Q H R Q W K O \ F R W W K E R Y H U D J H

, HOHFW enroll P\ 6SRXLVW K \$ G G L W L R Q D Q S O D Q W K H R Q W K O \ F R W W K E R Y H U D J H

_____ | _____
 (OHFWHG 5HORZ \$s !PÁFWH5@ (p



Additional Life Insurance (Children)

, HOH Fwolvw P\ G B HQGHQW FKLOG UHQ L QLMKSHO DGG LRLRQDO RDOW WQW RI SHU PHPEHU

, HOH Fwolvw R WKS \$ G W L R Q D B S O D Q IRU P \ G H S H Q G H Q W F K L O G U H Q

CHILD:

First Name	Last Name	Gender	Date of Birth

Beneficiary Designation

,W LV LPSRUWDQW WKDW \RXU EHQHILFLDU\ GHVLJQDWLRQ EH FOHDU VR WKDW WIKHSURHU ZDOO WEH WKDW \RX QDPH D SULPDU\ DQG FRQWLQJHQW EHQHILFLDU\ :KHQ QDPLQJ \RXU EHQHILFLDU\ L VRFLDO VHFUXULW\ QXPEHU UHODWLRQVKLS GDWH RI ELUWK DQG GLVWULEXWLRQ GRHJUH QDWDJH PDUULDJH LQVHUW WKH ZRUGV '31RW 5HODWHG' QH[W WR WKHLU VWDWHG UHODWLRQVKLS ,I DGPLQLVWUDWRU RU \RXU RZQ OHJDO FRXQVHO)ROORZLQJ DUH H[DPSOHV RI WKH PRVW FRPP

3ULPDU\

&RQWLQJHQW

x ODU\ - 'RH :LIH QRW OUV -R K Q R W H S K 'RH 6RQ DQG -DQH 'RH 'DXJKWHU LQ HTXDO V

x (VWDWH RI WKH ,QVXUH

,\RX QDPH PRUW KQR EHQHILFLDU\ QHTXDOUSO HDWH R ZKDP R Q WILQVXUDWDEHS DLVGR DFEHQHILFLDU\ IUDFWLSQDORU H[DPSOH WRDU\ RQHWRWKDQG WRGLWRQHMLIH 7KHDPRXQVW DG & SWR

Beneficiary:

)XOO 1DPH	\$ GGHVV	661	5HODWLRQVKLS%	
3ULPDU\					
&RQWLQJHQW					

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to