



Enrollment and Change Form

Mark all boxes and complete all sections that apply. Return completed form to Human Resources.

APPLICANT	Your Name (Last, First, Middle)		Group Name Vermont State Colleges		Policy Number 160339	
	Address		City		State	Zip
	Social Security #		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation
LIFE INSURANCE	<p><i>Check with your Human Resources/Benefits Department about coverage options available to you and Evidence of Insurability requirements.</i></p>					
	<p>Life Insurance</p> <p><input checked="" type="checkbox"/> Basic Life and AD&D (Employer Paid)</p> <p><input type="checkbox"/> Additional Life: Increments of \$10,000 to \$500,000. The amount is capped at 5 times your earnings.</p> <p><input type="checkbox"/> Additional AD&D*</p> <p>Amount Requested: \$_____</p> <p><i>If an amount in excess of \$200,000 is selected you must complete a Medical History Statement and be approved before that amount becomes effective.</i></p>		<p>Dependent Life and AD&D Insurance (<i>Employee Additional Life must be selected before you can select Dependent Life</i>)</p> <p><input type="checkbox"/> Spouse Life Increments of \$5,000 to \$500,000</p> <p><input type="checkbox"/> Spouse AD&D*</p> <p>Amount Requested: \$_____</p> <p><i>If an amount in excess of \$25,000 is selected your spouse must complete a Medical History Statement and be approved before that amount becomes effective.</i></p> <p><input type="checkbox"/> Child Life Increments of \$2,000 to \$10,000</p> <p><input type="checkbox"/> Child AD&D*</p> <p>Amount Requested: \$_____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>*Additional Employee & Dependent AD&D may only be purchased if you are enrolled in the Additional Life.</i></p> </div>			
BENEFICIARY	<p><i>This designation applies to Life, AD&D and Additional Life Insurance available through your Employer, if any. Designations are NOT valid unless signed, dated, and delivered to your Employer during your lifetime. See page 2 for further information.</i></p>					
	Primary- Full Name		Address		Social Security #	Relationship
	Contingent- Fill Name		Address		Social Security #	Relationship
CHANGE	<p><i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i></p>					
	<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change		<input type="checkbox"/> Other _____	
Former name _____						
SIGNATURE	<p><i>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 will change if my coverage or costs change.</i></p>					
	Member/Employee Signature Required				Date (Mo/Day/YR)	
<p>Human Resources/Benefits Department- Complete this section. Retain form for your records</p>						
Class	Billing Category	Date of Hire/Rehire	Hours Worked Per Week	Earnings \$_____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	

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 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.

