

☐ Initial Enrollment☐ Enrollment Change**Mark all boxes and complete all sections that apply. Return completed form to your Payroll and Employee Benefits office.**

APPLICANT	Your Name (Last, First, Middle) <input type="checkbox"/> Name Change (include former name)		Group Name <b>Auburn University</b>		Group Number(s) <b>647266</b>	
	Your Address		City		State	ZIP
	Your Soc. Sec. No. or Banner ID	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Hire	
LIFE	<b>Basic Life Insurance – Required (Plan 1)</b> <input checked="" type="checkbox"/> Amount is one times annual salary, to a maximum of \$35,000					
BENEFICIARY	<input type="checkbox"/> New Beneficiary Designation <input type="checkbox"/> Beneficiary Designation Change <i>This designation applies to coverage available through policy number 647266, which is available through your Employer. Designations are not valid unless signed, dated, and submitted to the Employer during your lifetime. See page 2 for further information.</i>					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship    % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship    % of Benefit
ADDITIONAL LIFE and AD&D	Check with your Payroll and Employee Benefits office about coverage options available to you and Evidence Of Insurability requirements. <b>Additional Life Insurance – (Plan 2) \$450,000 Maximum</b> <input type="checkbox"/> Additional Life –Please check the amount of coverage requested. <input type="checkbox"/> Cancel Additional Life <input type="checkbox"/> Decline Additional Life <input type="checkbox"/> 1x annual earnings <input type="checkbox"/> 2x annual earnings <input type="checkbox"/> 3x annual earnings <input type="checkbox"/> 4x annual earnings <input type="checkbox"/> 5x annual earnings <b>Additional AD&amp;D Insurance – (Plan 2) \$450,000 Maximum</b> <input type="checkbox"/> Additional AD&D –Please check the amount of coverage requested. <input type="checkbox"/> Cancel Additional AD&D <input type="checkbox"/> Decline Additional AD&D <input type="checkbox"/> 1x annual earnings <input type="checkbox"/> 2x annual earnings <input type="checkbox"/> 3x annual earnings <input type="checkbox"/> 4x annual earnings <input type="checkbox"/> 5x annual earnings					
DEPENDENTS	<b>Dependents Life Insurance</b> Please check the amount of coverage requested. <input type="checkbox"/> Decline Spouse Life <input type="checkbox"/> Cancel Spouse Life Spouse: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$100,000 Child(ren): <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Add Dependent <input type="checkbox"/> Date of Add/Cancel _____ <input type="checkbox"/> Decline Child(ren) <input type="checkbox"/> Cancel Child(ren) Life <b>Dependents AD&amp;D Insurance</b> Please check the amount of coverage requested. <input type="checkbox"/> Decline Spouse <input type="checkbox"/> Cancel Spouse AD&D Spouse: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$100,000 Child(ren): <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Add Dependent <input type="checkbox"/> Date of Add/Cancel _____ <input type="checkbox"/> Decline Child(ren) <input type="checkbox"/> Cancel Child(ren) AD&D					
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. If declining coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence Of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above. I further agree to notify Payroll & Employee Benefits Office to cancel any coverage for myself or my dependents that I or they are no longer eligible for, and failure to do so in a timely manner may affect premium reimbursement requests.					
	Member/Employee Signature Required			Date (Mo/Day/Yr)		
<b>To be completed by the Payroll and Employee Benefits office.</b>						
Applicant/Employee ID		Date Processed		Processed By		

## 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.