

To Be Completed By Human Resources

Group Number 647266	Employee ID #	Date of Employment
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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)	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Your Address	City	State	ZIP	
Former Name (Last, First, Middle) <i>Complete only if name change</i>		Phone Number		
Employer Name Auburn University		Job Title/Occupation		

Coverage Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.

Life Insurance

Basic Life (Employer Paid) 1x annual salary, \$35,000 maximum. You **must** choose one of the following options for yourself:

- Elect Additional Life - 1x, 2x, 3x, 4x, or 5x annual earnings, \$450,000 Maximum
 Decline Additional Life Cancel Additional Life

Dependents Life Insurance - You must choose one of the following options for your spouse and child(ren):

- Elect Spouse Life - Multiples of \$10,000 from \$10,000 to \$100,000 Amount \$ _____
 Decline Spouse Life Cancel Spouse Life
 Elect Child(ren) Life \$5,000 \$10,000 Decline Children Life Cancel Children Life

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

- Elect Additional AD&D - 1x, 2x, 3x, 4x, or 5x annual earnings, \$450,000 Maximum
 Decline Additional AD&D Cancel Additional AD&D

Dependents AD&D Insurance - You must choose one of the following options for your spouse and child(ren):

- Elect Spouse AD&D - Multiples of \$10,000 from \$10,000 to \$100,000 Amount \$ _____
 Decline Spouse AD&D Cancel Spouse AD&D
 Elect Child(ren) AD&D \$5,000 \$10,000 Decline Children AD&D Cancel Children AD&D

Beneficiary This designation applies to Life Insurance available through your Employer, if any. This designation will also apply to Accidental Death and Dismemberment (AD&D) Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.

Primary - Full Name	Address	Relationship	% of Benefit
Contingent - Full Name	Address	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 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 Human Resources Department 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) _____

To be completed by the Payroll and Employee Benefits office.

Applicant/Employee ID:	Date Processed:	Processed By:
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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.