

## **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				Policy Number 153808			
	Address				City				State Zip			
	Social Security #					Date of Birth	☐ Male ☐ Female			Job Title/Occupation		
LIFE	Check with your Human Resources/Benefits Department about coverage options available to you and Evidence of Insurability requirements.  Life Insurance  Life and AD&D 75% Employer Paid  Additional/Optional Life with AD&D Your requested amount \$											
BENEFICIARY	This designation applies to Life/Life with AD&D 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.											
	Prim	ary- Full Name		Address			Soc	ocial Security # Re		elationship		% Benefit
	Conf	ontingent- Fill Name Address					cial Security #	ty # Rela		ip	% Benefit	
	Use	this section only wh	en you w	rish to make a	change aft	er insurance be	com	es effective. Cor	mplete all	boxes a	nd section	s that apply.
CHANGE	_ N	lame Change	ry Change									
	Former name Other											
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 will change if my											
	coverage or costs change.											
	Maryland Cinathan Remind											
	Member/Employee Signature Required  Date (Mo/Day/YR)  Date (Mo/Day/YR)											
Human Resources/Benefits Department- Complete this section. Retain form for your records  Division   Billing Category   Date of Hire/Rehire   Hours Worked Per Week   Earnings												
DIVISI	on	n Billing Category Date of Hire/Rehire Hours W			vorkea Per We	eek Earnings						
								\$	Per:	Hour 🗌	Week □I	Month □Year

Page 1 of 2

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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 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. Of 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.