

**To Be Completed By Human Resources**

Group Number <b>160121</b>	Division	Billing Category	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)	Your Social Security Number	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 <b>Haysville Unified School District 261</b>		Job Title/Occupation	
Hours Worked Per Week	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

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

**Life Insurance**

Voluntary Life (Employee Paid) requested amount \$ \_\_\_\_\_

**Dependents Life Insurance**

Spouse Life (Employee Paid) requested amount \$ \_\_\_\_\_

Child(ren) Life (Employee Paid) requested amount \$ \_\_\_\_\_

**Accidental Death & Dismemberment Insurance (AD&D)**

Employee AD&D (Employee Paid) requested amount \$ \_\_\_\_\_

Spouse AD&D (Employee Paid) requested amount \$ \_\_\_\_\_

Child(ren) AD&D (Employee Paid) requested amount \$ \_\_\_\_\_

**Long Term Disability Insurance**

Voluntary Educator Options Long Term Disability (Employee Paid)

1. Monthly Disability Benefit requested amount \$ \_\_\_\_\_

2. Benefit Waiting Period  14 days **OR**  30 days

**Beneficiary** *This designation applies to your Life and Accidental Death and Dismemberment Insurance available through your Employer unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.*

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*
Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

**\*Total must equal 100%**

**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.

Member/Employee Signature Required \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

### 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.