

Standard Insurance Company

PO Box 4744 Portland OR 97208
Tel 800.522.0406 Fax 888.414.0393

Enrollment for Employer Paid
Group Life Insurance

Sign and date the completed form and return it to your Employer. If you have questions about completing this form please contact your Employer.

FIRST NAME		MIDDLE INITIAL	SIC GROUP NO. USE ONLY	
LAST NAME				
HOME MAILING ADDRESS				
CITY			STATE	ZIP
HOME PHONE	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	FAMILY STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner	DEPENDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No
SCHOOL DISTRICT				
BUILDING/WORK SITE				
DATE FIRST EMPLOYED (CURRENT SCHOOL DISTRICT)	HOURS WORKED PER WEEK	PAYROLL MODE <input type="checkbox"/> 12thly <input type="checkbox"/> 10thly <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		

COVERAGES - Refer to the enrollment materials provided when completing the following and mark the coverages you wish to elect. Coverage options may be subject to Evidence Of Insurability requirements. If you elect contributory insurance and the District's contribution does not include the cost of this coverage, your premium amount will be deducted from your salary and forwarded to The Standard.

Employer Paid
 Basic Life Insurance with matching Accidental Death & Dismemberment (AD&D) benefit

Electable Benefits (Contributory) - Each of the contributory life insurance coverages listed below has a matching Accidental Death & Dismemberment (AD&D) benefit. You may choose any of the following options.

Supplemental Life Insurance - Attach a completed Medical History Statement

Supplemental Plus Life Insurance - Attach a completed Medical History Statement

Dependent Life Insurance - Coverage Amount \$ _____ If applying for coverage more than 120 days from the date first employed by your current school district, attach a completed Medical History Statement.

BENEFICIARY DESIGNATION

You may use this form to designate beneficiary(ies) for the life insurance that you receive or elect. Designations are not valid unless signed, dated, and delivered to your Employer during your lifetime. If you name more than two primary or contingent Beneficiaries, please attach a separate sheet of paper. See page 2 for further information.

Beneficiary designation for Life with Accidental Death and Dismemberment Insurance

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

SIGNATURE REQUIRED

I wish to make the choices indicated on this form. If electing coverage, I authorize my Employer to deduct premiums from my wages to cover my cost of insurance. I understand that my Employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard.

Signature _____ Date _____

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”
- 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 questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under the Group Policy.