

# INSURANCE ENROLLMENT FORM

## Voluntary Life and AD&D Form



**Employer:** Fond du Lac Reservation Business Committee

### EMPLOYEE INFORMATION – Complete all information below

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Employee ID # \_\_\_\_\_ Gender:  M  F

**Important:** You must complete an Evidence of Insurability Form if you apply for life insurance: (1) as a newly hired employee your election exceeds the Guaranteed Coverage Amount, or you are applying more than 31 days after you are eligible to elect benefits; (2) you were eligible under the prior plan and enroll or increase your insurance amount(s) above the Guaranteed Coverage Amount.

Answer if your plan includes smoker/non-smoker rates:

Have you smoked or used any form of tobacco in the last 12 months? Employee:  Yes  No

Spouse/Domestic Partner:  Yes  No

### COMPLETE THIS SECTION ONLY IF YOU WANT COVERAGE FOR YOUR SPOUSE OR DOMESTIC PARTNER\*

I am currently married and my date of marriage is: \_\_\_\_\_ --or--  I currently have an eligible Domestic Partner

Spouse/Domestic  
Partner's  
Information:

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender:  M  F

### Term Life Insurance – Policy # FLX-967005

	<u>Applicant</u>	<u>Decline</u>	<u>Requested Amount</u>	<u>Guaranteed Coverage Amount*</u>
Voluntary	Employee	<input type="checkbox"/>	<input type="checkbox"/> Number of \$25,000 units _____	\$200,000
Employee-Paid	Spouse/Domestic Partner	<input type="checkbox"/>	<input type="checkbox"/> Number of \$25,000 units** _____	\$100,000
Coverage	Child(ren)	<input type="checkbox"/>	<input type="checkbox"/> Number of \$5,000 units _____	\$10,000

\*Guaranteed Coverage Amount is only available during Initial Enrollment and at such other times as identified and outlined in offering materials. Amounts of insurance may be limited by state law. \*\* Spouse coverage is limited to 100% of employee's voluntary benefit amount.

### Accident Insurance – Policy # OK-968516

Benefit Amount Employee - An amount equal to the Voluntary Life Insurance Benefit in effect under Policy Number FLX-967005, underwritten by Life Insurance Company of North America.

### Acceptance/Declination

I accept the insurance coverages elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

I understand that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will not go into effect unless the person is not confined in a hospital or institution, or receiving certain medical treatment. The conditions for the requested insurance to be effective are described in the policy and certificate.

Please Sign Here  Signature \_\_\_\_\_ Date \_\_\_\_\_

See next page for Beneficiary Designation  
Return this form to your employer. Be sure to make a copy for your own records.

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

**Community Property Laws**—If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

**GUIDELINES FOR DESIGNATION OF BENEFICIARIES**

**General** - Please be sure to include the beneficiary’s full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

**Minors** - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child’s estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

**Trust as Beneficiary** - You may designate a trust as beneficiary, using the following form: “To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust].”

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will, which was intended to create this trust, may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn’t provide for this situation.

**Life Status Changes** - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

**See an Attorney!** The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

*Return this form to your employer. Be sure to make a copy for your own records.*

**Voluntary Life and AD&D Rates**

	Employee and Spouse Life cost per \$1,000		
Cigna	Age	Non-Tobacco	Tobacco
Voluntary Life	<25	\$0.08	\$0.10
	25-29	\$0.08	\$0.10
	30-34	\$0.11	\$0.14
	35-39	\$0.15	\$0.19
	40-44	\$0.23	\$0.30
	45-49	\$0.34	\$0.44
	50-54	\$0.59	\$0.83
	55-59	\$0.98	\$1.47
	60-64	\$1.51	\$2.42
	65-69	\$2.90	\$4.93
	70+	\$4.71	\$9.42
Child(ren)	\$1.00 for \$5,000 of coverage \$2.00 for \$10,000 of coverage		
Voluntary AD&D	\$0.040 per \$1,000		

**INSURANCE ENROLLMENT FORM**  
Beneficiary Designation Form



**GROUP BENEFIT SOLUTIONS**

Life Insurance Company of North America  
New York Life Group Insurance Company of NY  
Connecticut General Life Insurance Company

**Employer:** Fond du Lac Reservation Business Committee

**EMPLOYEE INFORMATION – Complete all information below**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Primary and Contingent Beneficiaries** - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

If you need additional space to indicate your beneficiary designations, attach a separate piece of paper using the below format including the appropriate policy number, the date, and your signature.

BASIC LIFE INSURANCE				Policy No. FLX0967005
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
VOLUNTARY LIFE INSURANCE				Policy No. FLX0967005
<input type="checkbox"/> Check here if you want to use the same designations here that you used for Basic Life Insurance, and do not complete the rest of this section.				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
BASIC ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE				Policy No. OK 0968516
<input type="checkbox"/> Check here if you want to use the same designations here that you used for Basic Life Insurance, and do not complete the rest of this section.				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%

Note: This form is not complete without your signature. Please sign the form on the next page where indicated.

<b>VOLUNTARY ACCIDENTAL DEATH &amp; DISMEMBERMENT INSURANCE</b>				Policy No. <b>OK 0968516</b>
<input type="checkbox"/> Check here if you want to use the same designations here that you used for Basic Life Insurance, and do not complete the rest of this section.				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100% )
				%
				%
				%
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100% )
				%
				%
				%

**Community Property Laws** - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), and name someone other than your spouse as beneficiary, payments of benefits may be delayed or disputed unless your spouse provides their signature in the space provided below.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guidelines for Designation of Beneficiaries**

**General** - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

**Minors** - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation(s).

**Trust as Beneficiary** - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."  
 If you wish to designate a testamentary trust as beneficiary (i.e. one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate because it is lost, contested, or superseded by a later will. Claim payment delays can result if the beneficiary designation does not provide for this situation.

**Domestic Partner** - If you wish to designate your domestic partner as your beneficiary, you must complete a beneficiary form. Otherwise, your death benefit will be paid according to the provisions of the policy.

**Life Status Changes** - We recommend that you review your beneficiary designation(s) when significant life status events occur, such as marriage, divorce, or birth of a child.

**See an Attorney!** The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation(s). A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

