



Dependent Life Insurance Enrollment & Change Form

Staff Compensation System - Exempt/Coaches, Non-Exempt & Research (R1, R2)

| Employee Information | | | | |
|---|---------------|---|-----------------------------|----------------|
| Effective Date / / | Employee Name | Employee ID | Department | Employee Group |
| Email Address | | Daytime Phone Number | | |
| Must be enrolled in Additional 1 Life Insurance to be eligible for dependent life insurance. | | | | |
| Spouse Life | | | | |
| <input type="checkbox"/> Enroll Upon Hire <input type="checkbox"/> Enroll Upon Marriage <input type="checkbox"/> Enroll through Evidence of Insurability <input type="checkbox"/> Reinstate-RFL <input type="checkbox"/> Waive Upon Hire <input type="checkbox"/> Terminate Coverage | | | | |
| Spouse Name | | Amount of Coverage (Increments of \$10,000; Max \$250,000)* \$ | Date of Birth: | |
| *Please note: if amount of coverage is greater than \$20,000, it is subject to medical underwriting approval* | | | | |
| Child Life (eligible to age 26) | | | | |
| <input type="checkbox"/> Enroll Upon Hire <input type="checkbox"/> Enroll Upon Birth/Adoption/Marriage <input type="checkbox"/> Reinstate-RFL <input type="checkbox"/> Waive Upon Hire <input type="checkbox"/> Terminate Coverage | | | | |
| Amount of Coverage (Increments of \$2,000; Max \$10,000) all children must be the same coverage amount \$ | | | | |
| Last Name, First Name MI | | Phone Number - - | Date of Birth / / | Relationship |
| Address | | City | State | Zip Code |
| Last Name, First Name MI | | Phone Number - - | Date of Birth / / | Relationship |
| Address | | City | State | Zip Code |
| Last Name, First Name MI | | Phone Number - - | Date of Birth / / | Relationship |
| Address | | City | State | Zip Code |
| Last Name, First Name MI | | Phone Number - - | Date of Birth / / | Relationship |
| Address | | City | State | Zip Code |
| NOTE: | | | | |
| 1. If you are enrolling in Spouse Life or Child Life, you will automatically be the beneficiary of this coverage. 2. For qualifying events: <ol style="list-style-type: none"> a. Please attach a copy of your marriage certificate if enrolling in Spouse Life. b. Please attach a copy of each child's birth/adoption placement certificate if enrolling in Child Life for your own child(ren). c. Please attach a copy of your marriage certificate to the child(ren)'s parent and a copy of each child's birth/adoption placement certificate if enrolling in Child Life for your step-child(ren) who is living in your home. | | | | |
| <ul style="list-style-type: none"> • I wish to apply for the insurance indicated above, or authorize the changes noted above. • 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. • I understand that if I waive Spouse Life insurance and at a later date wish to request such coverage, I will be required to furnish, which may be at my own expense, evidence of insurability satisfactory to the insurance carrier. • I understand that if a qualified event occurs, I have 31 calendar days from the effective date of the event to apply for coverage. • To the best of my knowledge and belief, the information I have provided is complete and correct. | | | | |
| Employee Signature | | | Date / / | |
| HR USE ONLY | | HRA | Deduction Begin Date / / | HRPA |