

Life and AD&D Insurance Enrollment Form

INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee. All new coverage or any increases in Life coverage will require evidence of insurability (proof of good health) if plan participation requirements are not met. Any references to coverage being obtained without evidence of insurability in the sections below are only applicable if the plan participation requirements are met.

Name of Employer/Plan Sponsor Chaffey Community College District		Group/Plan Number 66200-3	Account Number/Location 17	
Class/Occupation	Date of Hire (mm/dd/yyyy)	Annual Salary	Employment Status:	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Retired <input type="checkbox"/> Active Part-Time
This change is due to: (check all that apply) <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Late Entrant* <input type="checkbox"/> Change in Coverage Amount <input type="checkbox"/> Other: _____				Effective Date of Coverage or Change:

**A late entrant is an individual who is first enrolling for supplemental or dependent coverage after the first available opportunity.*

Employee Information

Employee Name (last, first, middle initial)		Date of Birth (mm/dd/yyyy)	Social Security #	Employee I.D. #
Employee Address (street address, city, state, zip code)		Work Phone Number	Home Phone Number	<input type="checkbox"/> Female <input type="checkbox"/> Male

Employee Life Insurance

Basic Life	<input checked="" type="checkbox"/> Employee Only—Elect Coverage (Note: Basic Life insurance is employer provided.)
Supplemental Life	Guaranteed Issue (GI) Limit = \$100,000 (\$50,000 age 60 and over). When you are first eligible for supplemental life coverage, you can elect up to the GI Limit without evidence of insurability. Total supplemental life coverage up to \$500,000 is available if you complete an Evidence of Insurability form subject to approval by ReliaStar Life.
Supplemental Life Election	I currently have supplemental life coverage of: \$_____. I am applying for new or additional supplemental life coverage of: \$_____. (\$5,000 increments) Total supplemental life coverage (current plus additional): \$_____. <input type="checkbox"/> Waive

Employee Accidental Death & Dismemberment Insurance

Basic AD&D	<input checked="" type="checkbox"/> Employee Only—Elect Coverage (Note: Basic AD&D insurance is employer provided.)
Voluntary AD&D(PAI)	Elect PAI coverage from \$10,000 to \$500,000 in \$10,000 increments.
Voluntary AD&D(PAI) Election	I currently have Voluntary AD&D coverage of: \$_____. I am applying for new or additional Voluntary AD&D coverage of: \$_____. (\$10,000 increments) Total Voluntary AD&D coverage (current plus additional): \$_____. <input type="checkbox"/> Waive

Beneficiary Information *Designate your beneficiary(ies) below.*

Name of Beneficiary (last name, first, middle initial)		<input checked="" type="checkbox"/> Primary	Relationship to Employee	Benefit %
Address		Date of Birth	Social Security Number	Phone Number
Name of Beneficiary (last name, first, middle initial)		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee	Benefit %
Address		Date of Birth	Social Security Number	Phone Number
Name of Beneficiary (last name, first, middle initial)		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee	Benefit %
Address		Date of Birth	Social Security Number	Phone Number

Dependent Spouse/Domestic Partner (DP) Life Insurance

Spouse/DP Life	When you are initially eligible for Dependent Spouse/DP coverage, you can elect up to \$10,000 in coverage without evidence of insurability. Total Spouse/DP coverage up to \$250,000 is available if your Spouse/DP completes an Evidence of Insurability form subject to approval by ReliaStar Life. Spouse/DP coverage is limited to 50% of the employee's coverage amount.	
Spouse/DP Name and Date of Birth	Spouse/DP Name _____	Spouse/DP Date of Birth _____
Spouse/DP Life Election	<input type="checkbox"/> Elect: \$ _____ (\$5,000 increments) <input type="checkbox"/> Waive	

Note: The employee is the beneficiary for any Dependent Spouse/DP insurance coverage.

Dependent Child(ren) Life Insurance

Child(ren) Life	When you are initially eligible for Dependent Child(ren) coverage, you can elect it without evidence of insurability. At all other times, you must complete an Evidence of Insurability form for your child(ren) subject to approval by ReliaStar Life. Children under 6 months of age are covered for \$500.	
Child(ren) Life Election	<input type="checkbox"/> \$ 5,000 for each eligible dependent child. <input type="checkbox"/> \$10,000 for each eligible dependent child. <input type="checkbox"/> Waive	

Note: The employee is the beneficiary for any Dependent Child(ren) insurance coverage.

Dependent Accidental Death & Dismemberment Insurance

Voluntary Dependent AD&D	Voluntary Dependent AD&D coverage is limited to a percentage of the employee's Voluntary AD&D coverage amount.	
Voluntary Dependent AD&D Election	<input type="checkbox"/> Spouse/Domestic Partner Only (Amount equal to 60% of employee's coverage) <input type="checkbox"/> Child(ren) Only (Amount equal to 25% of employee's coverage) <input type="checkbox"/> Spouse/Domestic Partner & Child(ren) (Spouse/Domestic Partner equal to 50% of employee's coverage; Child(ren) equal to 10% of employee's coverage) <input type="checkbox"/> Waive	

Note: The employee is the beneficiary for any Dependent insurance coverage.

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

Employee's Signature	Date Signed (mm/dd/yyyy)