

VOLUNTARY LIFE AND AD&D INSURANCE

Standard Insurance Company

Enrollment and Change Form

MEMBER INFORMATION	Enrollment <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Rehire/Reinstatement		Change <input type="checkbox"/> Address Change <input type="checkbox"/> Beneficiary Change		<input type="checkbox"/> Name Change <input type="checkbox"/> Other _____	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Salary	
	Group Name Kenyon College			Group Number		Division ID	
	Your Name (Last, First, Middle)			If name change, what was your former name?		Social Security #	
	Your Mailing Address			City		State	Zip
	Date of Birth	Current Age		<input type="checkbox"/> Male <input type="checkbox"/> Female			
	Date of Hire			Hours Worked Per Week	Job Title/Occupation		
COVERAGE SELECTION	I wish to enroll in—						
	<input type="checkbox"/> Voluntary Life Insurance Only		Coverage Amount \$ _____				
<input type="checkbox"/> Voluntary Life and AD&D Insurance							
<input type="checkbox"/> I waive Coverage _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Sign Date </div>							
BENEFICIARY	<i>Please clearly state your beneficiary here. If more room is needed, write your beneficiary designation on a separate page, then date and sign the page. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See reverse side for further beneficiary information.</i>						
	Primary Beneficiary-Full Name		Address	Social Security #	Relationship	% of Benefit	
	Contingent(s) Beneficiaries -Full Name		Address	Social Security #	Relationship	% of Benefit	
SIGNATURE	I wish to apply for insurance under the Group Insurance Plan, or to authorize the changes noted above. I authorize deductions from my wages to cover my contribution, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs changes.						
	Employee Signature Required				Date (Mo/Day/Year)		

Please make one copy for your records and deliver the original to the Human Resources Department

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.
- Dependents Insurance, if any is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- 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.