

Standard Insurance Company

CTA Benefits and Services
 PO Box 4744 Portland OR 97208
 Tel & TTY 800.522.0406 Fax 888.414.0393

Life Enrollment for CEIP-Endorsed Plans

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

Employee Information					
PARTICIPANT ID		POLICY NO. 503166		SCHOOL DISTRICT <i>Please do not abbreviate.</i> Travis Unified School District	
FIRST NAME		MIDDLE INITIAL	LAST NAME		
MAILING ADDRESS			CITY	STATE	ZIP
PHONE	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GROSS ANNUAL SALARY \$ _____	
DATE FIRST WORKED (CURRENT SCHOOL DISTRICT)		ELIGIBILITY DATE		HOURS WORKED PER WEEK	
BILLING CLASS Class 3		TYPE OF EMPLOYEE <input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Board Member <input type="checkbox"/> Management / Confidential <input type="checkbox"/> Other			
ARE YOU SELECTING COVERAGE DUE TO A QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date _____ Type _____					

Coverages

Refer to the enrollment materials provided or your benefits administrator when completing the following and mark the coverages you wish to elect. Coverage options may be subject to Evidence Of Insurability requirements (proof of good health).

Employer Paid Benefits <ul style="list-style-type: none"> • Basic Life Insurance with matching Accidental Death & Dismemberment (AD&D) benefit - \$40,000
Electable Benefits (Contributory) - Each of the contributory life insurance coverages listed below has a matching Accidental Death & Dismemberment (AD&D) benefit. <input type="checkbox"/> Basic Dependent Life and AD&D Insurance - The lesser of a) 50% of the Participant's Life Insurance, or b) \$5,000 <input type="checkbox"/> Supplemental Life Insurance - \$40,000 <input type="checkbox"/> Supplemental Plus Life Insurance - \$40,000

Beneficiary Designations * Required fields.

Unless otherwise specified on a separate sheet of paper, this designation applies to coverage available through your CEIP-endorsed plans, if any, including Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance associated with your Life Insurance. Designations are not valid unless signed, dated and delivered to The Standard at the address above during your lifetime. *See page 2 for further information.*

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 _____