



# LIFE, LONG-TERM DISABILITY (LTD), AND/OR SHORT-TERM DISABILITY (STD) APPLICATION AND CHANGE FORM

## WELCOME TO HEALTHTRUST

Use this form to change your beneficiary(ies) as well as to enroll in or change your disability and/or life insurance coverage. If you only need to change your mailing address, do not complete this form; instead, call HealthTrust's Enrollee Services Department at 800.527.5001 and notify your employer.

**BE SURE TO FILL OUT EACH SECTION COMPLETELY.** Failure to complete each section in full could delay the start of coverage.

## HOW TO COMPLETE THIS FORM

STEP 1	<p><b>EMPLOYEE INFORMATION</b></p> <p>Complete this section with your personal information, using your full legal name. Select the type of HealthTrust-sponsored life and/or disability coverage you are requesting. Please limit your selection to only those coverages offered by your employer and for which you are eligible.</p> <p>Some life and disability coverages may require evidence of insurability. You will not be eligible for any amount greater than the evidence of insurability requirement if you do not submit an Evidence of Insurability form; this form may be obtained from your employer or HealthTrust. You will be added for an amount greater than the evidence of insurability requirement once approved. For more information, refer to your certificate of coverage.</p>
STEP 2	<p><b>REASON FOR COMPLETING APPLICATION</b></p> <p>Use this section to indicate the reason(s) for completing form.</p>
STEP 3	<p><b>BENEFICIARY INFORMATION</b></p> <p>Please name your beneficiary(ies) for your life and/or disability coverages. If you wish to name a different beneficiary(ies) for your life, long-term disability (LTD), and/or short-term disability (STD) coverages, attach a separate piece of paper containing all necessary information. Otherwise, your beneficiary(ies) will be the same for all coverages.</p> <p>You may name more than one beneficiary. If you specify benefit percentages, the total must equal 100 percent. If you do not specify benefit percentages, benefits will be paid in equal shares.</p> <p>If you do not name a beneficiary(ies) – or if neither your primary nor contingent beneficiary(ies) survive you – benefits will be paid in order of survivorship shown in your certificate of coverage. Your primary beneficiary(ies) are the person(s) you name to receive benefits. Your contingent beneficiary(ies) are the person(s) you name to receive benefits if your primary beneficiary(ies) do not survive you.</p>
STEP 4	<p><b>EMPLOYEE SIGNATURE</b></p> <p>Sign and date this form; return completed form to your employer.</p>
STEP 5	<p><b>EMPLOYER USE ONLY</b></p> <p>Employer must complete this section and send via a secure message to HealthTrust Enrollee Services by logging in to their account on HealthTrust's Secure Member Portal and clicking on Message Center; forward to HealthTrust for processing at: PO Box 617, Concord, NH 03302; email to: <a href="mailto:enrolleeservices@healthtrustnh.org">enrolleeservices@healthtrustnh.org</a>; or fax to: 603.226.2988</p>

# LIFE, LONG-TERM DISABILITY (LTD), AND/OR SHORT-TERM DISABILITY (STD) APPLICATION AND CHANGE FORM

## STEP 1: EMPLOYEE INFORMATION

First Name	MI	Last Name
Social Security #	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		Telephone
City	State	ZIP
Employer Name <b>Monadnock Regional School District SAU 93</b>		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Legally Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	TYPE OF COVERAGE REQUESTED (check) <b>Life Coverage:</b> <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life <b>Disability Coverage:</b> <input type="checkbox"/> Long-Term Disability <input type="checkbox"/> Short-Term Disability	

## STEP 2: REASON FOR COMPLETING FORM

Reason/Qualifying Event <input type="checkbox"/> New Enrollee <input type="checkbox"/> Benefit Change <input type="checkbox"/> Part-Time to Full-Time <input type="checkbox"/> Name Change <input type="checkbox"/> Change in Beneficiary ONLY <input type="checkbox"/> Other _____	Actual Date of Event
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## STEP 3: BENEFICIARY INFORMATION

Name of Beneficiary	Date of Birth	Relation to Employee	Social Security #	Benefit Percentage
Primary Beneficiary*				%
Primary Beneficiary*				%
Primary Beneficiary*				%
				Total: 100%
Contingent Beneficiary*				%
Contingent Beneficiary*				%
<small>Please note: Madison National Life cannot issue benefits directly to a minor. Should benefits be payable to a minor, we will require documents confirming who is the court appointed legal guardian of the minor. If a legal guardian is not appointed, benefits due to be paid to the minor will remain on deposit with the insurance company and earn interest until the minor is of legal age.</small>				Total: 100%

## STEP 4: ENROLLEE SIGNATURE

I hereby authorize HealthTrust and my employer to institute the action(s) indicated on this form. If my employer requires a contribution for this coverage, this authorizes the appropriate payroll deductions. I understand that the effective date and termination date of my membership will be determined by HealthTrust and my employer in accordance with the plan rules. I understand that I must sign this form for claims to be processed and beneficiary designation(s) to be made valid. By signing this application, I attest to the accuracy and truthfulness and will provide documentation to HealthTrust upon request.

Enrollee Signature \_\_\_\_\_ Date \_\_\_\_\_

## STEP 5: EMPLOYER USE ONLY

Date of Hire	Date of Rehire	Billing Group Name <b>Monadnock Regional School District SAU 93</b>
Full-Time Number of Hours	Part-Time Number of Hours	Base Annual Salary
		Employee Job Title

Basic Life Coverage	Additional Life Coverage	Long-Term Disability Coverage	Short-Term Disability Coverage
Class Number	<input type="checkbox"/> Supplemental	Class Number	Class Number
Effective Date of Coverage	<input type="checkbox"/> Dependent	Effective Date of Coverage	Effective Date of Coverage
Basic Life Benefit Amount		Benefits Administrator Signature/Stamp	Date
Supplemental Life Benefit Amount			



## DESIGNATION OF DEATH BENEFICIARY(IES) PRE-RETIREMENT

- STEP 1** – To designate one or more primary beneficiary(ies), complete Section I.
- STEP 2** – To designate one or more contingent beneficiary(ies), who will receive the death benefit if the primary beneficiary(ies) is deceased at the time of the member’s death before retirement, complete Section II.
- STEP 3** – Section III must include the member’s signature, acknowledged in the presence of a Notary Public or Justice of the Peace. This form must be completed and filed with the New Hampshire Retirement System (NHRS) at the address noted above for this beneficiary designation to take effect. Members should retain a copy of this form for their records.
- NOTE** – If the member designates a trust as a beneficiary in Section I or II, the designation must provide the name and address of the trustee(s). In addition, a *Death Benefits Designation of a Trust as Beneficiary* form must also be completed.

**(See reverse side for more information before completing this form.)**

<b>SECTION I – DESIGNATION OF PRIMARY BENEFICIARY(IES)</b>					
I designate the following person(s), estate, or trust as my primary beneficiary(ies). To designate additional primary beneficiaries, initial here _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Primary Beneficiary’s Name	Distribution Percentage	Primary Beneficiary’s Address	Primary Beneficiary’s Last 4 of SS#	Primary Beneficiary’s Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				
4.	%				

<b>SECTION II – DESIGNATION OF CONTINGENT BENEFICIARY(IES)</b>					
I designate the following person(s), estate, or trust as my contingent beneficiary(ies). To designate additional contingent beneficiaries, initial here _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Contingent Beneficiary’s Name	Distribution Percentage	Contingent Beneficiary’s Address	Contingent Beneficiary’s Last 4 of SS#	Contingent Beneficiary’s Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

<b>SECTION III – MEMBER’S SIGNATURE AND ACKNOWLEDGMENT</b>					
This designation of the above named beneficiary(ies) revokes any and all prior NHRS <i>Designation of Death Beneficiary(ies) (Pre-Retirement) (D-NHRS-2)</i> forms. I have read and understand the information on both sides of this form.					
Member’s Name: _____		Member’s Signature: _____			
Member’s Address: _____			Date _____ / _____ / _____ Month Day Year		
State of _____		County of _____			
The foregoing instrument was acknowledged before me this _____ by _____ Date Member’s Name					
_____ Title (Notary Public or Justice of the Peace)	_____ Signature of Person Taking Acknowledgment	_____ Expiration Date	_____ <i>Affix Seal</i>		

The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.

## **BENEFICIARY DESIGNATIONS BEFORE RETIREMENT**

**Single Primary Beneficiary** - One person, an estate, or a trust designated by a member to receive 100% of any NHRS death benefit and/or refund of the member's accumulated contributions, which may be payable upon the member's death before retirement.

**Multiple Primary Beneficiaries** - More than one person, which may include an estate and/or trust, designated by a member to each receive a percentage of any NHRS death benefit and/or refund of the member's accumulated contributions, which may be payable upon the member's death before retirement.

**Contingent Beneficiary(ies)** - The person(s), estate, or trust who would become eligible for any NHRS death benefit and/or refund of the member's accumulated contributions if the primary beneficiary(ies) is deceased at the time of the member's death before retirement.

**Member's Estate or Trust** - Members may designate an estate or a trust as a primary or contingent beneficiary. If a trust is the designated beneficiary, the member must also complete a *Death Benefits Designation of a Trust as Beneficiary* form, acknowledging an understanding and satisfaction of all the terms, conditions, and requirements applicable to designating a trust as beneficiary. Only a lump-sum payment may be made to an estate or trust.

## **EXPLANATION OF DEATH BENEFITS**

### **ORDINARY DEATH BENEFIT (Non Job-Related Death) – RSA 100-A:9**

The Ordinary Death Benefit may be payable to the member's designated beneficiary(ies) if the member dies before retirement and while in service for reasons that are not related to the job.

If the member had at least 10 years of combined creditable service or was eligible for Service Retirement at the time of death, and the member's spouse is the only designated beneficiary, the surviving spouse may choose to receive either an annual pension until death equal to 50% of the member's Service Retirement pension, or, a lump sum payment equal to the member's annual earnable compensation, plus a refund of the member's accumulated contributions.

If the member did not have at least 10 years of combined creditable service, was not eligible for Service Retirement, and either left no surviving spouse or designated someone other than the surviving spouse as beneficiary at the time of death, the member's designated beneficiary(ies) will receive a lump sum payment equal to the greater of either \$3,600 or the member's annual earnable compensation, plus a refund of the member's accumulated contributions.

### **ACCIDENTAL DEATH BENEFIT (Job-Related Death) – RSA 100-A:8**

The Accidental Death Benefit may be payable to the member's eligible beneficiary(ies) if the member dies before retirement and while in service as a result of an accident occurring while in the performance of duty in an NHRS-covered position and not due to the member's willful negligence. The beneficiary(ies) of Group II members may also be eligible for Accidental Death Benefits payable as a result of repeated trauma, gradual degeneration, or occupational disease occurring while in the performance of duty.

- If the member was married at the time of death, the surviving spouse will receive a lifetime annual pension. For Group I members, the pension shall equal 50% of the member's Average Final Compensation at the date of the member's death. For Group II members, the pension shall equal 50% of the member's annual rate of earnable compensation at the date of the member's death. A refund of the member's accumulated contributions will also be paid to the member's designated beneficiary(ies) for both Group I and Group II.
- If the member leaves no surviving spouse, or if the surviving spouse dies, the pension will be payable to the member's children, until attainment of age 18.
- If the member leaves no surviving spouse and no children under age 18, the pension will be payable to the member's dependent mother or father for life.
- If the member leaves no survivors who are eligible for the annual pension, the member's designated beneficiary(ies) will receive a lump sum payment equal to the member's base salary plus accrued benefits not paid at the time of death, plus a refund of accumulated contributions.

Please note that this benefit may be reduced by amounts paid under Workers' Compensation or similar laws.

### **DEATH OF MEMBERS WHO ARE NOT IN SERVICE**

A member must be *in service* at the time of death for the beneficiary(ies) to be eligible for Ordinary or Accidental Death Benefits. If a member's death occurs when the member is not *in service*, only a refund of the member's accumulated contributions will be payable to the member's beneficiary(ies) or estate.