

# 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.<br><b>503093</b>                                                                                                                                                                                           |                                 | SCHOOL DISTRICT <i>Please do not abbreviate.</i><br><b>Merced County Office of Education</b> |  |
| FIRST NAME                                                                                                                                                                               |               | MIDDLE INITIAL                                                                                                                                                                                                        | LAST NAME                       |                                                                                              |  |
| MAILING ADDRESS                                                                                                                                                                          |               | CITY                                                                                                                                                                                                                  | STATE                           | ZIP                                                                                          |  |
| PHONE                                                                                                                                                                                    | DATE OF BIRTH | GENDER<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                               | GROSS ANNUAL SALARY<br>\$ _____ |                                                                                              |  |
| DATE FIRST WORKED (CURRENT SCHOOL DISTRICT)                                                                                                                                              |               | ELIGIBILITY DATE                                                                                                                                                                                                      | HOURS WORKED PER WEEK           |                                                                                              |  |
| BILLING CLASS                                                                                                                                                                            |               | TYPE OF EMPLOYEE<br><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?<br><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

- Basic Life Insurance with matching Accidental Death & Dismemberment (AD&D) benefit - Varies based on age at death

This is a term life insurance that is paid for by the employer. If you participate in health benefits with MCOE this is included.

**Electable Benefits (Contributory)** - Each of the contributory life insurance coverages listed below has a matching Accidental Death & Dismemberment (AD&D) benefit.

- ☐ Basic Dependents Life and AD&D insurance Option 1 - \$1,500
- ☐ Basic Dependents Life and AD&D insurance Option 2 - The lesser of a) 50% of Participant's life insurance or b) \$5,000
- ☐ Supplemental Life Insurance - Varies based on age at death
- ☐ Supplemental Plus Life Insurance- Varies based on age at death

### Beneficiary Designations

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.

| PRIMARY - FULL NAME | DATE OF BIRTH | ADDRESS | PHONE NO. | SOCIAL SECURITY NO. | RELATIONSHIP | % OF BENEFIT |
|---------------------|---------------|---------|-----------|---------------------|--------------|--------------|
|                     |               |         |           |                     |              |              |
|                     |               |         |           |                     |              |              |

TOTAL 100%

| CONTINGENT - FULL NAME | DATE OF BIRTH | ADDRESS | PHONE NO. | SOCIAL SECURITY NO. | RELATIONSHIP | % OF BENEFIT |
|------------------------|---------------|---------|-----------|---------------------|--------------|--------------|
|                        |               |         |           |                     |              |              |
|                        |               |         |           |                     |              |              |

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 \_\_\_\_\_

## BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- **Primary Beneficiary Definition:** The party designated to receive the proceeds of a life insurance policy following the death of the insured. Also known as first Beneficiary.
- **Contingent Beneficiary Definition:** The party designated to receive the proceeds of a life insurance policy following the insured's death if the primary Beneficiary predeceased the insured. Also known as secondary Beneficiary and successor Beneficiary.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent).
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.

### Examples:

| FULL NAME*                 | DATE OF BIRTH* | ADDRESS                 | SOCIAL SECURITY NO. | RELATIONSHIP*  | % OF BENEFIT* |
|----------------------------|----------------|-------------------------|---------------------|----------------|---------------|
| Primary<br><b>Jane Doe</b> | <b>1/1/68</b>  | <b>123 Anywhere St.</b> | <b>555-55-5555</b>  | <b>Spouse</b>  | <b>50%</b>    |
| Primary<br><b>Jim Doe</b>  | <b>5/23/72</b> | <b>62 Somewhere St.</b> | <b>222-22-2222</b>  | <b>Brother</b> | <b>50%</b>    |

| FULL NAME*                     | DATE OF BIRTH* | ADDRESS                 | SOCIAL SECURITY NO. | RELATIONSHIP* | % OF BENEFIT* |
|--------------------------------|----------------|-------------------------|---------------------|---------------|---------------|
| Contingent<br><b>Sally Doe</b> | <b>7/6/93</b>  | <b>123 Anywhere St.</b> | <b>111-11-1111</b>  | <b>Child</b>  | <b>100%</b>   |

- 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.

### Examples:

| FULL NAME*                 | DATE OF BIRTH* | ADDRESS                 | SOCIAL SECURITY NO. | RELATIONSHIP* | % OF BENEFIT* |
|----------------------------|----------------|-------------------------|---------------------|---------------|---------------|
| Primary<br><b>Jane Doe</b> | <b>1/1/68</b>  | <b>123 Anywhere St.</b> | <b>555-55-5555</b>  | <b>Spouse</b> | <b>100%</b>   |

| FULL NAME*                            | DATE OF BIRTH* | ADDRESS                 | SOCIAL SECURITY NO. | RELATIONSHIP* | % OF BENEFIT* |
|---------------------------------------|----------------|-------------------------|---------------------|---------------|---------------|
| Contingent<br><b>Doe Family Trust</b> | <b>N/A</b>     | <b>123 Anywhere St.</b> | <b>N/A</b>          | <b>N/A</b>    | <b>100%</b>   |

- 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.
- Dependents Insurance, if any, is payable to you, if living, or as provided under the Group Policy.
- If you currently have a Beneficiary designation on file with your plan administrator for Life coverage under Standard's Group Policy, that designation will also apply to any approved Additional/Optional Life, or other coverage increase. If you have no Beneficiary designation on file or wish to change the name of a current designee, submit the completed form to The Standard. If you do not name a Beneficiary or if you are not survived by one, benefits will be paid in equal shares to the first surviving class as defined by the Group Policy.
- Please Note: The Standard may not advise you on how to designate Beneficiary(ies). If you need assistance with completing this form, please contact The Standard at 800.522.0406.