

**Voluntary Group Term Life & Voluntary LTD Enrollment**

**Form Employee Information:**

Name/Address	Date of Birth	Employee No.
	Employee SSN	Date of Hire
	Class	Annual Salary \$
	Effective Date	Gender
Email Address	Phone (Home)	Phone (Cell)

**Section 1: Reason for Application:**

- New Enrollment     
  Change of Coverage     
  Change of Beneficiary

**Section 2: Applicant Information**

Are you actively at work?     Yes     No

Marital Status:     Single       Married       Widowed       Divorced

Position: \_\_\_\_\_ Hours per Week \_\_\_\_\_

**Section 3: Beneficiary Designation (for Voluntary Employee Life coverage)**

	Name of Beneficiary	Percentage	Social Security No.	Relationship to applicant	Date of Birth
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

## Section 4: Insurance Coverage – Check all that you are applying for.

**Voluntary Employee Life and AD&D**      Amount \$ \_\_\_\_\_       **Decline**

You may elect \$10,000 increments to a maximum of \$500,000 or 5x salary, whichever is less. **Amounts elected over \$250,000, or a late entrant (not a new hire) will require an evidence of insurability form to be completed and coverage is not guaranteed.** Reduction Schedule: 35% at age 65; 50% at age 70. Benefit terminates at termination of employment.

**Voluntary Spouse Life**      Amount \$ \_\_\_\_\_       **Decline**

You may elect increments of \$5,000 to a maximum or \$100,000 not to exceed 50% of the employee benefit amount. You must elect voluntary employee life in order to purchase the dependent coverage. **Spouse amounts elected over \$50,000, or late entrant (not a new hire) will require an evidence of insurability form to be completed and coverage is not guaranteed.** Reduction Schedule (Based on employee's age): 35% at age 65; 50% at age 70. Benefit terminates at termination of employment.

**Voluntary Child Life**       **\$10,000**       **\$5,000**       **Decline**

You must elect voluntary employee life in order to purchase the dependent coverage. Late entrant (not a new hire) will require an evidence of insurability form to be completed. Voluntary Child Life coverage terminates at the end of the month a child turns age 26. **Late entrant (not a new hire) will require an evidence of insurability form to be completed and coverage is not guaranteed.**

**Voluntary Long Term Disability (VLTD)**       **Decline**

VLTD allows you to purchase coverage to protect your income should you become disabled after a 180 day waiting period. You can choose to protect up to 60% of your monthly earnings up to a maximum of \$5,000.

## Section 5: Employee Confirmation:

My signature certifies that I (1) Applied for the coverages designated for which I am eligible under my employer's plan with the carrier. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health to the carrier. (3) Authorize any required deductions from my earnings. (4) Designate the beneficiary named on this application to receive any benefits payable in the event of death. (5) Represent that all the information on this application is complete, correct, and true to the best of my knowledge and belief. (6) Understand that I must actively work the number of hours specified in the policy/participation agreement to remain Insured.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, Information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Employee Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**Voluntary Life and LTD premiums will be deducted over 20 paychecks from September – June each fiscal year.**

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