

To Be Completed By Plan Administrator

Group Number 643197	Division <input type="checkbox"/> UA <input type="checkbox"/> UAB <input type="checkbox"/> UAH <input type="checkbox"/> UA System Office	Date of Employment
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To Be Completed By Employee Apply for Coverage Beneficiary Change *Complete Beneficiary Section below.*

Add or Delete Dependent Date of change _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address		City	State	ZIP
Employer Name The University of Alabama System	Phone Number	Job Title/Occupation		
Hours Worked Per Week	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			

Coverage Check with your Plan Administrator about coverage options available to you and Evidence Of Insurability requirements.

Voluntary Life Insurance

- Option 1: 1 times your Annual Earnings in the amount of \$ _____
- Option 2: 2 times your Annual Earnings in the amount of \$ _____
- Option 3: 3 times your Annual Earnings in the amount of \$ _____
- Option 4: 4 times your Annual Earnings in the amount of \$ _____
- Option 5: 5 times your Annual Earnings in the amount of \$ _____
- Option 6: An amount in multiples of \$50,000. Amount requested \$ _____
- Decline Voluntary Life

Dependents Life Insurance

- Spouse Life Please select an amount in multiples of \$10,000 to \$150,000: \$ _____ Decline Spouse Life
Spouse Name _____ Date of Birth _____
- Child(ren) Life Decline Child(ren) Life

Dependents Life Insurance for your children provides \$1,000 in coverage for children from 15 days after birth to 6 months and \$10,000 in coverage from 6 months to age 26.

Beneficiary *This designation applies to Life Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to The Standard during your lifetime. See page 2 for further information.*

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my monthly deduction amount, if required, toward the cost of insurance. I understand that my monthly deduction amount will change if my coverage or costs change. If declining coverage, I understand that if I want to become insured later, The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above.

Employee Signature Required _____ Date (Mo/Day/Yr) _____

Return original, completed form to The Standard in the enclosed envelope and retain a copy for your records.

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.
- 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 any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.