



State Of Montana
State Employees' Group Benefit Plan
Life and Long Term Disability Insurance
Enrollment/Change Form

INSTRUCTIONS: Please type or print clearly. Return all copies to payroll or insurance office.
NOTE: Inaccurate, incomplete or illegible information will delay your coverage. Check ALL copies.

Form with fields: Social Security No., Name: Last/First/Initial, Group Policy Number: 608088, Birthdate: Mo/Day/Yr, Agency/Institution Name, Date Hired: Mo/Day/Yr, Employee ID No., Home Mailing Address: Street/City/State/Zip Code

Is this enrollment within the first 31 days of eligibility? [] Yes [] No
Is this enrollment within the first 63 days of a qualified family status change? [] Yes [] No
Type of enrollment: [] New [] Change
Effective Date if No Approval Required _____
Effective Date After Approval _____

Table with 6 columns: Type, Yes, No, Amount, Amount Requested, Monthly Premium. Rows include Long Term Disability, Plan A (Basic Life), Plan B (Dependents Life), Plan C (Optional Employee Life), Plan D (Optional Spouse Life), Plan E (Optional AD&D).

† Plan B is only available during your initial 31 day enrollment period (or within the first 63 days of acquiring a spouse or your first child).
* Plan C is equal to one times your annual salary rounded to the next highest \$5,000 plus additional insurance selected in \$5,000 increments up to \$500,000 total.
** Plan D is coverage on your spouse up to 100% of total coverage in Plan C selected in \$5,000 increments.
*** Plan E is available without carrier approval any time consistent with mid-year premium change restrictions or during the annual change period.

Note: If you are Disabled on the day before the effective date of your insurance, your insurance will not become effective until the first day after you complete one full day of active work.

LIFE INSURANCE BENEFICIARY DESIGNATION: (See instructions and examples on back of form.) Full Name of Beneficiary, Relationship to Insured and, for minor children, date of birth.

Table with 5 columns: FULL NAME, ADDRESS, SOCIAL SECURITY #, RELATIONSHIP, DATE OF BIRTH

If living, otherwise to: _____

I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY EARNINGS ANY PREMIUM I AM REQUESTED TO PAY FOR THE COVERAGES I HAVE SELECTED. I HEREBY REJECT MY OPPORTUNITY TO ENROLL IN THE COVERAGES I HAVE CHECKED "NO" OR LEFT BLANK ABOVE.

SIGNED _____ DATE _____

Note: Beneficiary designation is not valid unless this form is signed and dated.

BENEFICIARY INSTRUCTIONS AND EXAMPLES

Benefits are paid to the beneficiary designated by the employee on the most recently signed and dated form. To expedite payment, keep address current for designated beneficiary. Employees are cautioned to change their beneficiary immediately when a change such as death, marriage or remarriage occurs.

Always use full legal name thus – “Dorothy Q. Smith, wife” not “Mrs. John Smith.”

Always show date of birth for minor children. If you anticipate that a minor child will receive the proceeds of this coverage, we suggest you consult an attorney.

Examples:

- | | |
|---|---|
| A. One Beneficiary | Dorothy Q. Smith, 777 America St., Anytown, USA 77777, Wife (<i>not Mrs. John Smith</i>) |
| B. Two Beneficiaries | Peter Smith, Father, and Anna Smith, Mother, equally, or the survivor |
| C. Two Beneficiaries in Unequal Shares | Peter Smith, Father, three-fourths ($\frac{3}{4}$), and Anna Smith, Mother, one-fourth ($\frac{1}{4}$), or the survivor |
| D. One Primary and One Contingent Beneficiary | Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son |
| E. One Primary and Two Contingent Beneficiaries | Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son, and Mary Smith, Daughter, equally, or the survivor |
| F. Trustee | Dorothy Q. Smith, Trustee under trust agreement dated_____. |
| G. Insured's Estate | My Estate |

Do you know that if death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.