Standard Insurance Company

Employee Benefits
Continued Benefits
900 SW 5th Avenue
Portland Oregon 97204
(800) 378-5745

# CALIFORNIA STATE UNIVERSITY
# STANDARD VOLUNTARY INSURANCE
# APPLICATION TO CONTINUE GROUP LIFE INSURANCE AND DEPENDENTS LIFE INSURANCE (PORTABILITY)

INSTRUCTIONS — PLEASE READ CAREFULLY

**Continuation Of Insurance**

You may continue your Group Life Insurance and Dependents Life Insurance if your Life Insurance ends. However, to be eligible to continue your Group Life Insurance and Dependents Life Insurance, you must meet the following requirements on the date your insurance ends:

1. You are not Totally Disabled.

When your coverage ends, your Dependents Life Insurance may be continued regardless if you continue your Life Insurance.

- Dependents may also continue insurance under port provision when they no longer meet the eligibility requirements.

**How To Apply**

You must apply in writing and pay the first premium to us within 60 days after the date your insurance ends. All questions on these forms must be completed. If you have questions while completing your application, please contact our office at the phone number shown above. You are responsible for making sure all required forms are completed and returned to our office. Processing of your application will begin when your completed form is received by us.

The amount you may continue is the amount in effect on the date your insurance ends.* You may continue any lesser amount for you or your Spouse, in multiples of $10,000. For your Child, you may continue any lesser amount shown in the Schedule of Dependents Life Insurance in your certificate. The amount continued will be reduced or terminated according to the Schedule of Insurance in effect on the date your insurance ends. You may not increase the amount you continue.

* Any combination of insurance you continue and insurance you convert may not exceed the amount for which you or your dependents were insured on the date your insurance ends.

The initial premium rate will be the rate in effect on the date your employment terminates, and an administrative fee will be added. If it is necessary to change premium rates in the future, you will be given advance notice of the change. You will be billed at your home address. Checks are to be payable to Standard Insurance Company.

Keep your certificate. It is your certificate of coverage for your continued insurance. Your continued insurance is subject to the terms of the Group Policy.

**Beneficiary Designation**

Please complete the Beneficiary section of the attached application. If you do not complete the Beneficiary section of the attached application, you will not have a designated beneficiary. In that event, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

The Beneficiary designations stated below are for covered Members only. Dependent Life Insurance benefits are payable to the Member in the event of the death of a covered Dependent. Dependents Life Insurance benefits which are unpaid at the Member's death will be paid in equal shares to the first surviving class of the class below:

- The children of the Dependent.
- The parents of the Dependent.
- The brothers and sisters of the Dependent.
- The member's estate.

Reset

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***Please type or print. Complete entire form.***

## IDENTIFICATION

Name: _____
(last) (first) (middle)

Address: _____
(street address)

_____
(city) (state) (zip code)

Social Security Number: _____ Telephone No.:(_____) _____

Birthdate: _____ Sex ☐ M ☐ F
(mo) (day) (year)

## GROUP POLICY

Name of Participating Employer: **CALIFORNIA STATE UNIVERSITY – VT 101770**

Your occupation with the Participating Employer: _____

Date you last worked for the Participating Employer: _____

Employment termination date (if different): _____

If date you last worked and employment termination date differ, please explain: _____

_____

## ELIGIBILITY

Are you Totally Disabled? ☐ Yes ☐ No

If yes, you may be entitled to Waiver Of Premium Benefits if you became Totally Disabled while insured under the Group Policy. Check the following box to request Waiver Of Premium claim forms from Standard Insurance Company. ☐

## AMOUNT

Amount of Group Life Insurance you wish to continue for yourself (must be in multiples of $10,000, not to exceed the amount in effect on the date your employment terminates): $_____

Amount of Dependents Life Insurance you wish to continue for your Dependents:

Spouse/Domestic Partner (must be in multiples of $10,000): $_____

Each Child ($5,000, $10,000 or $20,000): $_____

Any combination of insurance you continue and insurance you convert may not exceed the amount for which you or your dependents were insured on the date your employment terminates.

Spouse's name and birthdate: _____

Dependent Child(ren) name(s) and birthdate(s): _____

_____ _____

Billing: If approved, you will be billed quarterly (every three months), at your home address. There is an administration fee associated with your continued insurance. Premiums must be received by the due date. There is no grace period for Continuation Of Insurance.

Please complete page 3 *(continued)*

## BENEFICIARY

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- 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 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 questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

| PRIMARY – Full Name | Address | Date of Birth | Relationship | % of Benefit |
|---|---|---|---|---|
| | | | | |
| | | | | |

| CONTINGENT – Full Name | Address | Date of Birth | Relationship | % of Benefit |
|---|---|---|---|---|
| | | | | |
| | | | | |

Signature of Member/Employee _____ Date _____

## AGREEMENT

I hereby apply to continue Group Life Insurance available through the Standard Voluntary Insurance Trust. I understand that I am bound by the terms of the Standard Voluntary Insurance Trust Agreement and any amendments to it.

I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if this application is not accepted, any premium advanced by me will be refunded.

I understand that if I do not provide the beneficiary designation form on file with my employer or if I do not designate a beneficiary in the Beneficiary section above, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

I hereby represent that all statements on this application are complete and true to the best of my knowledge and belief. I understand that Standard Insurance Company will rely on these statements and this information, along with the Employer's Statement for continued Group Life Insurance, as the basis for approving this application. I have read and understand the information herein.

Signature of Applicant: _____

Dated: _____

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