Please refer to your Administration Guide for further instructions on completing this form. New employees and increases in coverage may be subject to eligibility/Evidence Of Insurability/Late Enrollment Penalty requirements. An enrollment form is required and should be kept on file by you for all contributory and life coverages.

Group Name						Policy/DIV N		0.			
Form Prepared by	Prepared by Phone No.				email			Date Prepared			
Employee Additions	S							·			
1. Social Security Number Name: Last, First, Middle Initial							Birthday: M	IM/DD/YYYY	☐ Male	☐ Female	
State of Employment	Billing Category				Earnings	<ul><li>☐ Week amount \$</li><li>☐ Month amount \$</li></ul>		□ Houi □ Year	r amount \$ amount \$		
Hours per week if less than 40	Date of Full-	-time E	mployment		Job Title/C	occupation					
	] Employee	Э	☐ Employee & Sp				_	e & Children			
Contributory Benefits  No Yes If yes, List:					Note: Some contributory benefits require Evidence Of Insurability or a Late Enrollment Penalty. Please consult your Group Policy or Administration Manual.						
2. Social Security Number	Name: Last	t, First,	Middle Initial				Birthday: M	IM/DD/YYYY	☐ Male	☐ Female	
State of Employment	Billing Cate	gory			Earnings	<ul><li>☐ Week amount \$</li><li>☐ Month amount \$</li></ul>					
Hours per week if less than 40	Date of Full-time Employment				Job Title/C			<u>                                   </u>	amount \$		
Family Indicator	Employee	Э	☐ Employee & Sp	ous	е	☐ Family [	☐ Employe	e & Children	ı		
Contributory Benefits  ☐ No ☐ Yes If yes, Li	st:			No Pei	te: Some nalty. Plea	contributory benefits ase consult your Grou	require Evic p Policy or	lence Of Ins Administratio	urability or a on Manual.	Late Enrollment	
3. Social Security Number	Name: Last, First, Middle Initial						Birthday: M	1M/DD/YYYY	☐ Male	☐ Female	
State of Employment	Billing Category				Earnings	<ul><li>☐ Week amount \$</li><li>☐ Month amount \$</li></ul>					
Hours per week if less than 40	Date of Full-	-time E	mployment		Job Title/C	occupation					
	] Employee	Э	☐ Employee & Sp					e & Children			
Contributory Benefits  No Yes If yes, Li	st:					contributory benefits ase consult your Grou				Late Enrollment	
4. Social Security Number	NI=====   1 ===	. F:	Middle Initial				District N	IM/DD/YYYY			
_			Middle IIIIIai				Dil tiluay. IV		☐ Male	☐ Female	
	Billing Category					☐ Month amount \$ ☐			lour amount \$		
Hours per week if less than 40	Date of Full-	-time E	mployment		Job Title/O	occupation					
Family Indicator	 _ Employee	9	☐ Employee & Sp	ous	е	☐ Family [	☐ Employe	e & Children			
Contributory Benefits ☐ No ☐ Yes If yes, List:						contributory benefits			•	Late Enrollment	
_ 1 _ 1 = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					,oc						

**FAX OPTION:** To ensure **prompt processing** of employee changes, please FAX this form toll free to 1-800-378-2403 or you may mail this form to the address above or sign-up to update your membership data on-line with E-Billing Administration (visit our demonstration site at www.standard.com/ebusiness). Changes shown here will be reflected on a subsequent billing statement.

Please enter changes and terminations on side two.

Phone No.

Policy/DIV No.

Date Prepared

900 SW Fifth Avenue Portland OR 97204

Group Name

Form Prepared by

Please use this portion of the form for employee changes, corrections, or terminations, and dependent changes, corrections, or deletions. New benefits and increases in coverage may be subject to eligibility/Evidence of Insurability/Late Enrollment Penalty requirements.

email

Social Security No.	Employee Name (Last, First, Middle Initial)	Effective Date of Change	New Billing Category	New Earnings	Coverage Type	
				□ WK □ HR		
				□ WK □ HR		
				□ MO □ YR		
				□ WK □ HR		
				_ MO □YR		
				□WK□HR		
				☐ MO ☐ YR		
				□ WK □ HR		
				☐ MO ☐ YR		
				□ WK □ HR		
				□ MO □ YR		
				□ WK □ HR		
				MO		
				□ WK □ HR		
				□ MO □ YR		
Social Security No.	Employ (Last, First,	<b>ee Name</b> Middle Initial)	Date of Termination	Reason for Termin	Reason for Termination	
<del>-</del>	·					
omments						

SI 7270 2 of 2 (8/17)

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