

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name Southern Utah University		Group Number(s) 136251																																																												
	Your Address		City		State	ZIP																																																											
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation																																																												
LIFE	Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements. Life Insurance <input type="checkbox"/> Life with AD&D Additional/Optional Life <input type="checkbox"/> Additional/Optional Life Your requested amount \$ _____ Dependents Life Insurance You must elect Plan 1 to be eligible to elect any of the Plan 2 Options Plan 1: <input type="checkbox"/> Spouse/Children Plan 2: <input type="checkbox"/> Spouse requested amount \$ _____ Spouse Name _____ Date of Birth _____ Plan 2: You may choose one from the following options: <input type="checkbox"/> Children Option 1: \$5,000 <input type="checkbox"/> Children Option 2: \$10,000																																																																
	DISABILITY	Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements. Long Term Disability <input type="checkbox"/> Class 1 LTD <input checked="" type="checkbox"/> Class 2 LTD																																																															
		This designation applies to Life/Life with AD&D Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information. For Life with AD&D: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Primary - Full Name</th> <th style="width:33%;">Address</th> <th style="width:15%;">Soc. Sec. No.</th> <th style="width:10%;">Relationship</th> <th style="width:9%;">% of Benefit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Contingent - Full Name</th> <th style="width:33%;">Address</th> <th style="width:15%;">Soc. Sec. No.</th> <th style="width:10%;">Relationship</th> <th style="width:9%;">% of Benefit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> For Additional /Optional Life: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Primary - Full Name</th> <th style="width:33%;">Address</th> <th style="width:15%;">Soc. Sec. No.</th> <th style="width:10%;">Relationship</th> <th style="width:9%;">% of Benefit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Contingent - Full Name</th> <th style="width:33%;">Address</th> <th style="width:15%;">Soc. Sec. No.</th> <th style="width:10%;">Relationship</th> <th style="width:9%;">% of Benefit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit											Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit											Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit											Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit								
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BENEFICIARY	Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply. <input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Name Change <input type="checkbox"/> Beneficiary Change Date of add/delete _____ Former name _____ <input type="checkbox"/> Other _____																																																																
	SIGNATURE	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.																																																															
Member/Employee Signature Required				Date (Mo/Day/Yr)																																																													
Human Resources Department - Complete this section. Retain form for your records.																																																																	
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____	Per:	<input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr																																																											

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.