Standard Insurance Company

Municipal Employees' Retirement System of Michigan (MERS)
Life Insurance Enrollment and Change Form

Note to Employer: In order to complete this form, you will need your group policy number. If you do not know this number, please call 800.290.1445.

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

APPLICANT

Employer Group			Policy No.	
Your Name (Last, First, Middle)				
Your Address	City		State	ZIP
Your Soc. Sec. No.	Date of Birth	☐ Male ☐ Female	Job Title/Occupation	

LIFE

Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.

Life Insurance

☒ Life with AD&D Employer Paid

Additional/Optional Life for Employers with more than 25 employees

☐ Additional Life — Your requested amount $_______________

☐ Additional/Optional Life with AD&D — Your requested amount $_______________

Additional/Optional Life for Employers with less than 25 employees

☐ Additional Life with AD&D — Your requested amount $_______________

Dependents Life Insurance

☐ Spouse requested amount $__________ Spouse Name______________________________ Date of Birth___________

☐ Children requested amount $__________

BENEFICIARY

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.

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

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

CHANGE

Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.

☐ Add Dependent ☐ Delete Dependent ☐ Name Change ☐ Beneficiary Change

Date of add/delete ___________________ Former name _____________________ ☐ 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.

Division ID	Billing Category	Date of Hire or Rehire	Hours Worked Per Week	Earnings $____________ Per: ☐ Hour ☐ Wk ☐ Mo ☐ 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.