

Check with your plan administrator, or call The Standard at 800.378.5745, if you have any questions concerning the coverage options that apply to your group. Please mail completed form to the address above.

To Be Completed By Member *Check all boxes and complete all sections that apply.*

Your Name (Last, First, Middle)		Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse/Domestic Partner (Last, First, Middle)		Spouse Social Security Number	Spouse Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address		City	State	ZIP
Phone Number		Email		
Employer Name The California State University		Job Title/Bargaining Unit	Campus	
Date of Hire	Hours Worked Per Week	Earnings \$ _____		
	Are You Actively At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		
Have you used tobacco in any form in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your Spouse used tobacco in any form in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Change *Use this section only when you wish to make a change after insurance becomes effective.*

Beneficiary Change (Use Beneficiary Section Below) Name Change Former name _____
 Add or Delete Dependent Date of marriage _____ Date of domestic partnership filing _____ Date of birth/adoption _____

Coverage *Check with your plan administrator or call The Standard at 800.378.5745 about Evidence Of Insurability requirements.*

Voluntary Life Insurance VT-101770-A *See brochure for increments and amounts available.*

Employee requested amount \$ _____ Spouse/Domestic Partner requested amount \$ _____
 Child(ren) \$5,000 \$10,000 \$20,000
 Child(ren) Name(s) and Date(s) of Birth _____

Voluntary Accidental Death and Dismemberment (AD&D) Insurance Group No. 648371-A *See brochure for amounts available.*

Employee only requested amount \$ _____ Employee and Dependents requested amount \$ _____
 Child(ren) Name(s) and Date(s) of Birth _____

Voluntary Long Term Disability 648379 *See brochure for amounts available.*

Requested amount \$ _____ *Check one of the following, if eligible: Benefit Waiting Period* 30-days 90-days

Accident Insurance 758442 *Enrollment can only be made during new hire or designated Annual Enrollment period.*

You only You and Your Spouse/Domestic Partner You and your Child(ren) (no Spouse/Domestic Partner)
 You, your Spouse/Domestic Partner and your Child(ren)

Critical Illness Insurance 758443 *Enrollment can only be made during new hire or designated Annual Enrollment period.*

A.) Do you have major medical or other minimum essential insurance that provides medical, hospital and surgical coverage?

(If the answer is "No", you are not eligible for Critical Illness Insurance.) Yes No

B.) Are you age 65 or older? (If you answer "Yes", you are not eligible for Critical Illness.) Yes No

Employee* requested amount \$ _____ *See brochure for amounts available.*
 Spouse/Domestic Partner requested amount \$ _____ *See brochure for amounts available.*

*Eligible child(ren) are automatically covered at 50% of your Coverage Amount.

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.