Reset

Standard Insurance Company

Enrollment and Change Form

To Be Completed By Human Resources

Group Number	Division	Billing Category	Date of Employment
164657			

To Be Completed By Applicant ☐ Change in Enrollment ☐ New Hire Enrollment

Your Name (Last, First, Middle)		
Your Social Security Number	Birth Date	☐ Male ☐ Female
Your Address		
City	State	ZIP
Phone Number		
Employer Name **Lee County Board of County Commissioners**	Department/Entity	
Hours Worked Per Week	Earnings $_____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year	

Additional Life Insurance Coverage

Evidence of Insurability* is required for changes in enrollment and new hire amounts greater than guarantee issue.

Employee

☐ Additional Life requested amount $_____

$10,000 – $500,000 in increments of $1,000

Guarantee issue amount: $300,000

Dependents Life Insurance

☐ Spouse Life requested amount $_____

$10,000 – $250,000 in increments of $1,000

Guarantee issue amount: $50,000

Spouse Name_____ Date of Birth_____

Note: The coverage amount for your spouse cannot exceed 50% of your Additional Life coverage.

☐ Child(ren) Life requested amount $_____

$5,000 – $25,000 in increments of $5,000

Note: The coverage amount for your child(ren) cannot exceed 50% of your Additional Life coverage.

Refer to your certificate for the controlling policy provisions.

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. If canceling or waiving coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as waived above.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Return completed form to your Human Resources Department or send to our secure email: benefits@leegov.com

***Evidence of Insurability (Health Questions)** may be completed online at: **myeoi.standard.com/164657**
You will receive a decision directly from the carrier. Do not send health information to HR.