Reset

To Be Completed By Plan Administrator

Group Number	Date of Employment with The State of California	Date of Membership in CAPS
608011 & 641095		

To Be Completed By Applicant

☐ Apply for Coverage ☐ Beneficiary Change ***Complete Beneficiary Section below.*** ☐ Name Change
☐ Add or ☐ Delete Dependent Date of add/delete_____

Your Name (Last, First, Middle)	Member's Social Security Number	Birth Date	☐ Male ☐ Female
Your Address		City	State / ZIP
Former Name (Last, First, Middle) *Complete only if name change*		Phone Number	
Employer Name **California Association of Professional Scientists (CAPS)**		Job Title/Occupation	
Hours Worked Per Week	Earnings $_____ Per Month		

Coverage: **A Medical History Statement must be completed for the Supplemental Plan if you have been employed by the State of California for more than 90 days. A Medical History Statement must be completed for the Supplemental Plus Plan and Long Term Disability, visit myeoi.standard.com/608011. A physical exam may be required and forms will be forwarded upon receipt of your application.**

To enroll in Accident, Critical Illness, and Hospital Indemnity, please visit https://standard.benselect.com/CAPS.

Please check the Life, AD&D, and/or LTD Plan/s desired below:

Life Insurance: (You must select Supplemental insurance to be eligible for Supplemental Plus insurance or Dependent insurance)

☐ Supplemental Plan (Member only) - $30,000

☐ Supplemental Plus Plan (Member only) - ☐ $10,000 ☐ $25,000 or any additional amount multiples of $15,000, up to $490,000
Amount requested $_____

☐ Life only (Excludes Accidental Death and Dismemberment benefit)

☐ Voluntary AD&D (Member) - ☐ $25,000 ☐ $50,000 ☐ $100,000 ☐ $150,000 Dependent Coverage ☐ Yes ☐ No

Dependent Life Insurance

☐ Basic Dependent Benefit (Spouse & Children) - $5,000

Spouse Name_____ Date of Birth_____

☐ **Long Term Disability** (Member only) Select one: ☐ 60 days ☐ 90 days ☐ 180 days
(Premium rates are based on whether or not you smoke tobacco)

☐ Smoker ☐ Non-smoker

Beneficiary ***This designation applies to your Life and Accidental Death and Dismemberment Insurance if any, available through your Employer. Unless specified on a separate sheet of paper, this designation also will apply to your Supplemental Life Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.***

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. *if known*	Relationship	% of Benefit*

Return completed form to California Association of Professional Scientists
100 Pine Street, Suite 750, San Francisco, CA 94111 or insurance@capsscientists.org

Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. *if known*	Relationship	% of Benefit*

Total must equal 100%

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. Coverages that require Evidence of Insurability will not be effective until approved. I represent that the statements contained herein are true and complete, to the best of my knowledge and belief.

Member Signature Required _____ Date (Mo/Day/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.

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