Reset

Standard Insurance Company

ACSA Group Voluntary Enrollment and Change

Group Number	Employer Name
641419	Association of California School Administrators (ACSA)

To Be Completed By Applicant

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	☐ Male ☐ Female	
Your Address		City	State	ZIP
Former Name (Last, First, Middle) *Complete only if name change*		Phone Number		

☐ **New Coverage** ☐ **Change in Coverage** ☐ **I am a new member of the Association and never before eligible for membership.**

Life Insurance

Member Life Insurance

☐ Voluntary Life Annual Salary $_____ Coverage Amount $ _____ Rate Per $1,000 _____

Dependents Life Insurance

☐ Spouse Voluntary Life Option 1 Coverage Amount $ _____ Rate Per $1,000 _____

Spouse Name_____ Date of Birth_____

Child(ren) Life Insurance

☐ Option 1 ☐ Option 2

If you have never been eligible for Association membership and apply for coverage within 90 days of becoming a member, you are guaranteed to be accepted for the Member Life Plan in the amount of 3 x salary (coverage limited to $300,000).

☐ 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 will change if my coverage or costs change.

☐ I wish to make the choices indicated on this form. If electing coverage, I wish to authorize electronic payment (Credit Card or ACH) to cover my contribution toward the cost of insurance. I understand that my deduction will change if my coverage or costs change. (Please contact the plan administrator for electronic authorization forms).

Medical History Statement is required from the member if applying for more than guaranteed acceptance coverage and from the spouse for any amount of coverage. Check to see that the Enrollment Form and each Medical History Statement, if required, are signed before mailing to the Plan Administrator. Additional forms are available from the Plan Administrator. MWG Mestmaker & Associates P.O. Box 2302, Bakersfield, CA 93303, Phone 877.472.6722

Beneficiary ***This designation applies to your Life Insurance, if any, available through your Association. Unless specified on a separate sheet of paper, 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*

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.

Member/Employee 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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