

To Be Completed By Human Resources

Employer Name Hennepin County	Group Number 643148	Date of Employment	Hours Worked Per Week
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To Be Completed By Applicant

Mark all boxes and complete all sections that apply.

Your Name (Last, First, Middle)	Employee ID Number	Email	Daytime Phone
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Type of Enrollment or Change Request (Check All That Apply)**Additional Life Insurance**

- Late Entrant (31 Days or More After Eligibility Date)
- New Entrant (Within 31 Days of Eligibility Date) Requesting Over Guaranteed Issue Amount of \$100,000
- Coverage change: Increasing Reducing Terminating

Dependents Life Insurance

- Adding Dependents Life Insurance for Spouse/Domestic Partner Coverage change: Increasing Reducing Terminating
- Adding Dependents Life Insurance for Child(ren) Coverage change: Increasing Reducing Terminating

Coverage

Check the Benefits Division website at <http://www.hennepin.us/employees> or contact the HR Service Center at HR.servicecenter@hennepin.us or at 612.348.7855 about coverage options available to you, and the effective date of any requested coverage changes.

Additional Life Insurance

Current Amount (if you do not currently have this coverage, enter \$0) \$ _____

Total Amount (this is the total amount you want) \$ _____

- Election must be in \$10,000 increments up to \$500,000.
- Evidence of Insurability is required if:
 - You are a new entrant (within 31 days of your eligibility date) applying for coverage over \$100,000.
 - You are a late entrant (been eligible for 31 days or more) applying for coverage and/or increasing your coverage.

Dependents Life Insurance (for spouse or domestic partner)

Spouse/Domestic Partner Name _____ Date of Birth _____

Current Amount (if you do not currently have this coverage, enter \$0) \$ _____

Total Amount (this is the total amount you want) \$ _____

- Employee must be enrolled in Additional Life.
- Election must be in \$5,000 increments up to \$250,000 but no more than half of employee's Additional Life amount.
- Evidence of Insurability is required if:
 - You are a new entrant (within 31 days of your eligibility date) applying for coverage over \$50,000 for your spouse/domestic partner.
 - You are a late entrant (been eligible for 31 days or more) applying for coverage and/or increasing your spouse/domestic partner coverage.

Dependents Life Insurance (for child(ren) up to age 19 or up to age 25 if a full-time student)

Current Amount (if you do not currently have this coverage, enter \$0) \$ _____

Total Amount (this is the total amount you want) \$ _____

- Employee must be enrolled in Additional Life insurance.
- Options are \$5,000, \$10,000, or \$15,000. Election amount is not dependent on employee's Additional Life amount.
- Evidence of Insurability is not required for dependent child(ren).

Beneficiary Beneficiary designation is made through APEX. See page 2 for further information.

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution toward the cost of insurance. I understand that my deduction amount will change if my age, coverage or costs change.

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

Scan and email your completed form to the Benefits Division at HR.Benefits@hennepin.us.

Beneficiary Information

- Beneficiary designation is made through APEX.
- 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.