

Mark all boxes and complete all sections that apply. Return completed form to Albuquerque Public Schools.

Employer Name Albuquerque Public Schools		Group Number 645746	APS Employee No.	Date of Employment
Your Name (Last, First, Middle)		Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address			City	State
ZIP	Phone Number	Job Title/Occupation		

- Decline Long Term Disability Decline Additional (Plan 2) Life Employee
 Decline Dependent Life for Spouse Decline Dependent Life for Child(ren)

Change Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.

- Add Life Add LTD Drop Life Drop LTD Address change* Beneficiary Change *Complete Beneficiary Section below*

Effective Date of change _____ Reduce Coverage Amount to \$ _____ Other _____

Name Change* Former Name: _____
 (Supporting documentation required)

*Address and Name Change also require Human Resources Department notification.

Coverage Check with your Employee Benefits Department about coverage options available to you and Evidence Of Insurability requirements.

Long Term Disability (LTD)

- Long Term Disability

Additional Life

- Plan 2 Additional Life with AD&D
 Your requested amount \$ _____ (In multiples of \$10,000 up to \$400,000 maximum).

Dependents Life Insurance - Spouse

- Plan 1 Dependents Life, Spouse. Your requested amount \$5,000.
 Spouse Name _____ Date of Birth _____
- Plan 2 Dependents Life, Spouse.
 Your requested amount \$ _____ (In multiples of \$10,000 up to \$400,000 maximum).

You must elect Plan 2 Additional Life with AD&D for yourself, and Plan 1 Dependents Life in order to elect an additional coverage amount in Plan 2 Dependents Life for your spouse. For requested coverage amounts above the Guarantee Issue of \$30,000, your spouse will be enrolled for \$30,000 and your spouse will need to submit Evidence of Insurability.

Dependents Life Insurance - Children

- Plan 1 Dependents Life, Child(ren). Your requested amount \$5,000.

You must elect Plan 2 Additional Life with AD&D for yourself, and Plan 1 Dependents Life in order to elect an additional coverage amount in Plan 2 Dependents Life for your Child(ren).

- Plan 2 Dependents Life, Child(ren). Your requested amount \$10,000.
 Child Name _____ Child Name _____
 Child Name _____ Child Name _____

Note: Continue to the next page to complete the Beneficiary Designation section and/or sign and date this form. Return completed form to Albuquerque Public Schools.

Beneficiary *This designation applies to your Additional Life with Accidental Death and Dismemberment Insurance available through your Employer. 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. <i>if known</i>	Relationship	% of Benefit*
Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	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.

If declining 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 declined above.

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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