

Make elections below to enroll for coverage or to make changes (coverage is guaranteed if you enroll within 60 days of your date of hire or within 60 days of a Life insurance qualifying event). If you decline coverage for yourself and/or your dependents, please check the applicable box(es). Return to Work Retirees are not eligible for Plan 2 (Additional) Life insurance or for Dependents Life insurance. Please complete form as noted.

Note: Plan 1 (Basic) Dependents Life insurance for your eligible dependents (spouse/domestic partner and/or child(ren)) is \$0.53 per pay period (\$1.06 per month); the \$0.53 per pay period covers all eligible dependents. Enroll for Plan 1 (Basic) Dependents Life insurance within 60 days of your date of hire or within 60 days of acquiring a new dependent. Your unmarried or married children are eligible to age 26.

Note: If your spouse/domestic partner or child(ren) are also an Albuquerque Public Schools (APS) employee, they must enroll for Plan 2 (Additional) Life insurance as an employee. They are not eligible to be covered on the Life insurance as your dependent.

To Be Completed By Applicant:

Mark all applicable boxes and sections. Return the signed and dated form through the WinOcular Workspace process.

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	Gender
Your Address			City	State
Zip	Phone Number	Job Title/Occupation		

Change Request: Use this section when you wish to make a change after your Life insurance becomes effective. Complete all boxes and sections that apply. Beneficiary changes are effective the date you sign and submit this form, most other changes are effective the first of the month after the APS Benefits Office receives this form, or the first of the month following the date The Standard approves your Evidence of Insurability application.

- ☐ Add Life Insurance
 ☐ Drop Life Insurance
 ☐ Reduce Life Insurance Amount to \$ _____
- ☐ Increase Life Insurance Amount to \$ _____
 Subject to Evidence of Insurability and approval from The Standard.
 ☐ Other _____
 Indicate reason or action requested.
- ☐ Employee Name Change* Former Name: _____
 Supporting documentation and notification to Human Resources Department is required.
 ☐ Beneficiary Change
 Complete Beneficiary section below.

Enroll for Coverage: Check with the APS Benefits Office regarding coverage options available and Evidence of Insurability requirements.

Employee Plan 2 (Additional) Life Insurance with Accidental Death and Dismemberment (AD&D)

You must choose one of the following options for yourself:

- ☐ Elect Employee Plan 2 (Additional) Life Insurance with AD&D. Requested amount \$ _____ (in increments of \$10,000 up to a maximum of \$400,000)
- ☐ Decline Employee Plan 2 (Additional) Life Insurance with AD&D
- ☐ I am a Return to Work Retiree and acknowledge I am not eligible for Employee Plan 2 (Additional) Life Insurance with AD&D

Spouse/Domestic Partner Life Insurance*

You must choose one of the following Plan 1 (Basic) options and one of the Plan 2 (Additional) options for your spouse/domestic partner:

Plan 1 (Basic) Spouse/Domestic Partner Life Insurance

- ☐ Elect Plan 1 (Basic) Spouse/Domestic Partner Life Insurance (\$5,000 in coverage)
 Spouse/Domestic Partner Name _____ Date of Birth _____ SSN _____
- ☐ Decline Plan 1 (Basic) Spouse/Domestic Partner Life Insurance
- ☐ Not applicable (I don't have a spouse/domestic partner)
- ☐ Not applicable (My spouse/domestic partner is an APS employee and not eligible to be covered as a dependent)
 Spouse/Domestic Partner Name _____ Spouse/Domestic Partner APS Employee No. _____
- ☐ I am a Return to Work Retiree and acknowledge I am not eligible to enroll my spouse for this coverage

*Supporting dependent documentation (marriage certificate, birth certificate(s), domestic partner affidavit) must be submitted with this form.

Note: You must enroll in employee Plan 2 (Additional) Life insurance and Plan 1 (Basic) Spouse/Domestic Partner Life insurance in order to elect Plan 2 (Additional) Spouse/Domestic Partner Life insurance. For requested coverage amounts above the guarantee issue of \$30,000, your

spouse/domestic partner will be enrolled for \$30,000 in coverage and your spouse/domestic partner will need to submit Evidence of Insurability to The Standard. Spouse/domestic partner coverage amount cannot exceed the amount of Plan 2 (Additional) Life insurance for the employee.

Plan 2 (Additional) Spouse/Domestic Partner Insurance

- ☐ **Elect** Plan 2 (Additional) Spouse/Domestic Partner Life Insurance. Requested amount \$ _____ (in increments of \$10,000 up to a maximum of \$400,000)
- ☐ **Decline** Plan 2 (Additional) Spouse/Domestic Partner Life Insurance
- ☐ **Not applicable** (I don't have a spouse/domestic partner)
- ☐ **Not applicable** (My spouse/domestic partner is an APS employee and not eligible to be covered as a dependent)
- ☐ I am a Return to Work Retiree and acknowledge I am not eligible to enroll my spouse for this coverage

Child Life Insurance*

You must choose one of the following Plan 1 (Basic) options and one of the Plan 2 (Additional) options for your child(ren):

Plan 1 (Basic) Child Life Insurance

- ☐ **Elect** Plan 1 (Basic) Child Life Insurance (\$5,000 in coverage)
- ☐ **Decline** Plan 1 (Basic) Child Life Insurance
- ☐ **Not Applicable** I don't have child(ren) or eligible child(ren)
- ☐ I am a Return to Work Retiree and acknowledge I am not eligible to enroll my child(ren) for this coverage

Child Name _____	Date of birth _____	SSN _____
Child Name _____	Date of birth _____	SSN _____
Child Name _____	Date of birth _____	SSN _____
Child Name _____	Date of birth _____	SSN _____
Child Name _____	Date of birth _____	SSN _____
Child Name _____	Date of birth _____	SSN _____

*Supporting dependent documentation (marriage certificate, birth certificate(s), domestic partner affidavit) must be submitted with this form.

Note: You must enroll in employee Plan 2 (Additional) Life insurance and Plan 1 (Basic) Child Life insurance to be eligible to elect Plan 2 (Additional) Child Life insurance.

Plan 2 (Additional) Child Life Insurance:

- ☐ **Elect** Plan 2 (Additional) Child Life Insurance (\$10,000 in coverage) - child(ren) listed above will be covered
- ☐ **Decline** Plan 2 (Additional) Child Life Insurance
- ☐ **Not Applicable** I don't have child(ren) or eligible child(ren)
- ☐ I am a Return to Work Retiree and acknowledge I am not eligible to enroll my child(ren) for this coverage

Note: Complete the Beneficiary section on the next page to designate a beneficiary for your Plan 2 (Additional) Life insurance coverage. The beneficiary must be someone other than you. You are the beneficiary for any Spouse/Domestic Partner or Child Life insurance you elect.

Beneficiary: This designation applies to your Plan 2 (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.

Sign and date this form, click complete, and submit this form through the WinOcular Workspace process.