Reset

Standard Insurance Company

Enrollment and Change

Group Number	Date of Employment
750971	

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	☐ Male ☐ Female
Your Address		City	State / ZIP
Employer Name **School District No. 1 Health and Welfare Trust**			Employee ID No.
Union Groups ☐ PAT ☐ PFSP ☐ DCU ☐ ATU	Phone Number		Job Title/Occupation
Hours Worked Per Week	Earnings $_____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year		

Coverage ***Check with the Trust Office or go to www.sdtrust.com for coverage options available to you.***

Note: During your annual enrollment period, if you are currently enrolled in Optional Life for an amount less than $100,000, you may elect to increase your coverage amount by one unit ($10,000) each year. After this period, you will need to provide Evidence Of Insurability.

Life Insurance

☐ Optional (Additional) Term Life requested amount $_____ (*Evidence Of Insurability is required for amounts above $100,000)*

Dependents Term Life Insurance

☐ Spouse Term Life requested amount $_____ (*Evidence Of Insurability is required for amounts above $30,000)*

Spouse Name_____ Date of Birth_____

☐ Child(ren) Term Life requested amount $_____ (*You may choose an increment of $2,000 up to a maximum of $10,000)*

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

You may choose one of the following options:

☐ You only $_____ ☐ You and your Dependents $_____

Beneficiary ***This designation applies to Basic Life/Optional Term Life and AD&D Insurance available through your Employer, if any. Unless specified otherwise on a separate sheet of paper, this designation will also apply to Accidental Death and Dismemberment (AD&D) Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.***

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

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) _____

Return completed form to PPS Benefits Dept. by fax 503.916.3107 or PONY.

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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