

To Be Completed By Human Resources

Group Name <b>Washington Counties Insurance Fund (WCIF)</b>	Group Number <b>645273</b>	Division <b>00</b>	Billing Category <b>0100</b>	Date of Employment
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To Be Completed By Applicant

Your Name (Last, First, Middle)		Your Social Security Number	Birth Date	Gender
Your Address			City	State      ZIP
Phone Number	Employer Name			
Job Title/Occupation	Hours Worked Per Week	Earnings \$_____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

Coverage

*Check with your Human Resources Representative about coverage options available to you and Evidence Of Insurability requirements. Note: If you and/or your spouse were previously declined coverage by The Standard, you and/or your spouse will need to submit a medical history statement in order to apply for any amount of coverage during the special open enrollment period.*

Life Insurance

☐ Voluntary Life requested amount \$\_\_\_\_\_

Dependents Life Insurance

☐ Spouse Life requested amount \$\_\_\_\_\_ Spouse Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

☐ Child(ren) Life requested amount \$\_\_\_\_\_

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

**For you:** ☐ Employee requested amount \$\_\_\_\_\_ (Not to exceed \$500,000. Amounts selected above \$250,000 may not exceed 10 times your annual earnings.)

**For your Dependents:**

*You must be insured for Voluntary AD&D Insurance to elect coverage for your Spouse and/or eligible child(ren).*

☐ Spouse AD&D \$\_\_\_\_\_ (Your Choice of **50 or 100 percent** of employee coverage, to a maximum of \$250,000)

☐ Child(ren) AD&D (10 percent of employee coverage, not to exceed \$30,000)

Voluntary Short Term Disability Insurance

Your choice of maximum benefit period: ☐ **Option 1** (90-day) or ☐ **Option 2** (180-day)

☐ **Buy-up Long Term Disability Insurance**

Beneficiary

*This designation applies to Life Insurance available through your Employer, if any. Unless specified otherwise on a different sheet of paper, this designation will also apply to AD&D Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime. See page 2 for further information.*

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.