

# Life and AD&D and Disability Income Insurance Enrollment Form

*INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.*

Name of Employer/Plan Sponsor Smith College		Group/Plan Number 674508	Account Number/Location 001
Class/Occupation	Date of Hire (mm/dd/yyyy)	Annual Salary	Employment Status: <input type="checkbox"/> Active Full-Time
This change is due to: (check all that apply) <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Late Entrant* <input type="checkbox"/> Change in Coverage Amount <input type="checkbox"/> Other: _____			Effective Date of Coverage or Change:

\*A late entrant is an individual who is first enrolling for supplemental or dependent life or disability income coverage after the first available opportunity.

## Employee Information

Employee Name (last, first, middle initial)		Date of Birth (mm/dd/yyyy)	Social Security #	Employee I.D. #
Employee Address (street address, city, state, zip code)		Work Phone Number	Home Phone Number	<input type="checkbox"/> Female <input type="checkbox"/> Male

## Employee Life Insurance (Subject to a supplemental plan maximum of \$700,000.)

Basic Life and AD&D	<input checked="" type="checkbox"/> Employee Only—Elect Coverage (Note: Basic Life and AD&D insurance is employer provided.)
Supplemental Life	Guaranteed Issue (GI) Limit = \$475,000 or 3 times annual salary, whichever is less. When you are first eligible for supplemental life coverage, you can elect up to the GI Limit without evidence of insurability. At each annual enrollment, if you have current supplemental life coverage you can elect to increase supplemental life coverage by one plan increment (total coverage not to exceed the GI Limit) without evidence of insurability. Total supplemental life coverage up to \$700,000 is available if you complete an Evidence of Insurability form subject to approval by ReliaStar Life.
Supplemental Life Election	I currently have supplemental life coverage of: \$ _____. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 times my annual salary. I am applying for additional supplemental life coverage of: \$ _____. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 times my annual salary. Total supplemental life coverage (current plus additional): \$ _____. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 times my annual salary. <input type="checkbox"/> Waive

## Beneficiary Information Designate your beneficiary(ies) below.

Name of Beneficiary (last name, first, middle initial)	<input checked="" type="checkbox"/> Primary	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

Name of Beneficiary (last name, first, middle initial)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

Name of Beneficiary (last name, first, middle initial)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

**Dependent Life Insurance**

<b>Dependent Life</b>	When you are initially eligible for Dependent coverage, you can elect it without evidence of insurability. At all other times, an Evidence of Insurability form must be completed for each dependent subject to approval by ReliaStar Life. Dependent coverage is limited to 50% of the employee's coverage amount. Children age 14 days to 6 months of age are covered for 10% of the elected amount.
<b>Dependent Life Election</b>	<input type="checkbox"/> \$20,000 for my eligible spouse/domestic partner and \$5,000 for each eligible dependent child. <input type="checkbox"/> Waive

*Note: The employee is the beneficiary for any Dependent insurance coverage.*

**Disability Income Coverage**

Your employer provides Long Term Disability (LTD) coverage that replaces 50% of your monthly earnings during disability. When you are first eligible for LTD coverage, you can increase this benefit (Buy-Up) to 66 2/3% without evidence of insurability. If you are a late entrant, meaning that you elect to Buy-Up after your initial eligibility, then you must complete an Evidence of Insurability form subject to approval by ReliaStar Life.	
<b>Long Term Disability Insurance Coverage (LTD)</b>	<input type="checkbox"/> Elect Buy-Up 66 2/3% <input type="checkbox"/> Waive Buy-Up

**READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW**

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

<b>Employee's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>
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