

Group Insurance Enrollment Form

**Standard Insurance Co.
Portland, Oregon**

PLEASE PRINT

Policy Number	Suffix	Employer Name (<i>Policyowner</i>)	Social Security Number
Member Name (<i>Last, First, M.I.</i>)			Male <input type="checkbox"/> Female <input type="checkbox"/>
			Birthdate Month/Day/Year
Date Employed Month/Day/Year	Workplace Location (<i>State</i>)	Does Employer's Plan Include: <input type="checkbox"/> Life/AD&D <input type="checkbox"/> Additional Life <input type="checkbox"/> Dependent Life <input type="checkbox"/> Voluntary AD&D <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> Other _____	Eff. Date of Insurance Month/Day/Year
Occupation	Hours Worked Each Week For This Employer (Not incl. overtime) _____	Base Earnings From This Employer \$ _____	Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. <input type="checkbox"/>

Complete for Life, AD&D, and Additional Life coverages only. Give full name, address, and relationship of your beneficiary.
Examples:

- A. One Beneficiary Dorothy Q. Smith, 777 America St., Anytown, USA 77777, Wife (*not Mrs. John Smith*)
- B. Two Beneficiaries Peter Smith, Father, and Anna Smith, Mother, equally or the survivor
- C. Two Beneficiaries in Unequal Shares Peter Smith, Father, three-fourths (3/4), and Anna Smith, Mother, one-fourth (1/4), or the survivor
- D. One Primary and One Contingent Beneficiary Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son
- E. One Primary and Two Contingent Beneficiaries Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son, and Mary Smith, Daughter, equally, or the survivor.
- F. Trustee Dorothy Q. Smith, Trustee under trust agreement dated _____.
- G. Insured's Estate My Estate

Do you know that if death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

Beneficiary - Complete for Life and AD&D Insurance

Full Name, Address and Social Security #	Relationship
_____	_____
_____	_____
_____	_____

I apply for Insurance under the Group Insurance Plan. I authorize deductions from my wages to cover my contribution, if required, toward the cost of my insurance.

X _____ Date _____

Note: Beneficiary designation is not valid unless this card is signed and dated.

Policyowner Use Only: (Use this area to record initial amounts as well as future changes)

Effective Date	Class	Life/AD&D Amount	Dependents Life Amount	Voluntary AD&D Amount	Additional Life Amount	STD Benefit Volume	LTD Insured Earnings

Group Administrator: Do not send this card to Standard unless asked to do so. Keep this card in your file.