

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 CSAC- City of Alameda		Group/Plan Number 31640-7	Account Number/Location 158	
Class/Occupation	Date of Hire (mm/dd/yyyy)	Annual Salary	Employment Status:	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Retired <input type="checkbox"/> Active Part-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 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

Disability Income Coverage

Monthly Income Benefits (LTD)	<input type="checkbox"/> Elect Coverage (Note: LTD coverage is employer provided.)
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Employee Life Insurance

Basic Life	<input checked="" type="checkbox"/> Employee Only—Elect Coverage (Note: Basic Life insurance is employer provided.)
Supplemental Life	Guaranteed Issue (GI) Limit = \$240,000 (\$10,000 over age 70). When you are first eligible for supplemental life coverage, you can elect up to the GI Limit without evidence of insurability. Total supplemental life coverage up to \$500,000 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: \$_____. I am applying for additional supplemental life coverage of: \$_____. (\$10,000 increments). (Minimum \$10,000) Total supplemental life coverage (current plus additional): \$_____. (Note: Supplemental Life insurance is 100% employee paid.) <input type="checkbox"/> Waive

Employee Accidental Death & Dismemberment Insurance

Basic AD&D	<input checked="" type="checkbox"/> Employee Only—Elect Coverage (Note: Basic AD&D insurance is employer provided.)
Supplemental AD&D Election	<input checked="" type="checkbox"/> Amount equal to supplemental life insurance coverage up to \$500,000. Supplemental AD&D coverage is automatic when Supplemental Life Insurance is selected. (Note: Supplemental AD&D insurance is 100% employee paid.) <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 Spouse/Domestic Partner (DP) Life Insurance

Spouse/DP Life	When you are initially eligible for Dependent Spouse/DP coverage , you can elect up to \$30,000 in coverage without evidence of insurability. Total Spouse/DP coverage up to \$100,000 is available if your Spouse/DP completes an Evidence of Insurability form subject to approval by ReliaStar Life. Spouse/DP coverage is limited to 100% of the employee's coverage amount.	
Spouse/DP Name and Date of Birth	Spouse/DP Name _____	Spouse/DP Date of Birth _____
Spouse/DP Life Election	I currently have Spouse/DP supplemental life coverage of: \$ _____. I am applying for additional Spouse/DP supplemental life coverage of: \$ _____. (<i>\$5,000 increments</i>). (<i>Minimum \$5,000</i>) Total Spouse/DP supplemental life coverage (current plus additional): \$ _____. (<i>Note: Supplemental Life insurance is 100% employee paid.</i>)	
		<input type="checkbox"/> Waive

Note: The employee is the beneficiary for any Dependent Spouse/DP insurance coverage.

Spouse/Domestic Partner(DP) Accidental Death & Dismemberment Insurance

Supplemental AD&D Election	<input checked="" type="checkbox"/> Amount equal to supplemental life insurance coverage up to \$100,000. Supplemental AD&D coverage is automatic when Supplemental Life Insurance is selected. (<i>Note: Supplemental AD&D insurance is 100% employee paid.</i>)	<input type="checkbox"/> Waive
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Dependent Child(ren) Life Insurance

Child(ren) Life	When you are initially eligible for Dependent Child(ren) coverage , you can elect it without evidence of insurability. At all other times, you must complete an Evidence of Insurability form for your child(ren) subject to approval by ReliaStar Life. Eligible children age 14 days but less than 26 years. Dependent coverage is limited to 100% of the employee's coverage amount.	
Child(ren) Life Election	<input type="checkbox"/> Dependents age 14 days to age 6 months \$1,000 <input type="checkbox"/> Dependents age 6 months to age 26 years \$10,000 (<i>Note: Supplemental Life insurance is 100% employee paid.</i>)	
		<input type="checkbox"/> Waive

Note: The employee is the beneficiary for any Dependent Child(ren) insurance coverage.

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.

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