

Life and AD&D Insurance Enrollment Form for Open Enrollment Only

INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee. All new coverage or any increases in Life coverage will require evidence of insurability (proof of good health) if plan participation requirements are not met. Any references to coverage being obtained without evidence of insurability in the sections below are only applicable if the plan participation requirements are met.

Name of Employer/Plan Sponsor Samford University		Group/Plan Number 66575-4	Account Number/Location Org 1/All Accounts
Class/Occupation	Date of Hire	Annual Salary	Employment Status: <input type="checkbox"/> Active Full-Time <input type="checkbox"/> Active Part-Time

Employee Information

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

Employee Life Insurance

Basic Life	Samford University provides all eligible Full Time Employees with Basic Term Life Insurance in the amount of 2 1/2 times your Basic Annual Earnings, rounded to the next higher \$1,000 multiple, to a maximum of \$600,000. Employee Only—Elect Coverage (Note: Basic Life insurance is employer provided.) <input checked="" type="checkbox"/> Employee Only—Elect Coverage
Supplemental Life	<p>If you are electing Employee Supplemental Term Life coverage for the first time, but were previously eligible: You are guaranteed up to \$50,000, in increments of \$10,000 (\$20,000 if you are age 60 to 69) of Employee Supplemental Life coverage if you elect it during this one-time limited open enrollment period. If you apply for more than \$50,000 (\$20,000 if you are age 60 to 69) of coverage, then you must provide evidence of insurability subject to approval by ReliaStar Life. Employees age 70 and over must provide evidence of insurability subject to approval by ReliaStar Life for any amount of coverage elected. Total Supplemental Term Life coverage in the amount of \$500,000, in increments of \$10,000, is available if you complete an evidence of insurability form subject to approval by ReliaStar Life.</p> <p>If you currently have Employee Supplemental Term Life coverage: You are guaranteed up to \$50,000, in increments of \$10,000 (\$20,000 if you are age 60 to 69) of additional Employee Supplemental Life coverage if you elect it during this one-time limited open enrollment period, as long as the total Supplemental Life coverage amount does not exceed the overall Guaranteed Issue maximum of \$100,000. If you apply for more than \$50,000 (\$20,000 if you are age 60 to 69) of coverage, then you must provide evidence of insurability subject to approval by ReliaStar Life. Employees age 70 and over must provide evidence of insurability subject to approval by ReliaStar Life for any amount of coverage elected. Total Supplemental Term Life coverage in the amount of \$500,000, in increments of \$10,000, is available if you complete an evidence of insurability form subject to approval by ReliaStar Life.</p> <p>If you are a new hire: You are guaranteed \$100,000 of Supplemental Life coverage (\$20,000 if you are age 60 to 69) if you elect it during the initial eligibility period. You can elect Employee Supplemental Life coverage from \$10,000 to \$500,000 in \$10,000 increments. If you apply for more than \$100,000 of coverage, then you must provide evidence of insurability subject to approval by ReliaStar Life. Employees age 70 and over must provide evidence of insurability subject to approval by ReliaStar Life for any amount of insurance elected.</p> <p><i>Note: Supplemental Life Insurance is employee paid.</i></p>
Supplemental Life Election	<p>I currently have supplemental life coverage of: \$ _____ . (\$10,000 increments) <i>Note: If you are a New Hire Employee your current amount of supplemental life coverage is Zero.</i></p> <p>I am applying for additional supplemental life coverage of: \$ _____ . (\$10,000 increments)</p> <p>Total supplemental life coverage (current plus additional): \$ _____ .</p>

Beneficiary Information Designate your beneficiary(ies) below.

Name of Beneficiary (last name, first, middle initial)	<input 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

Basic Dependent Life	Samford University provides all eligible Full Time Employees with Basic Dependent Life Insurance, for Spouse and Child(ren), in the amount of \$2,000. <input checked="" type="checkbox"/> Elect Coverage (Note: Basic Life insurance is employer provided.)
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Note: The employee is the beneficiary for any dependent insurance coverage.

Supplemental Dependent Spouse Life Insurance

Supplemental Spouse Life	<p>If you are electing Spouse Life coverage for the first time, but were previously eligible, or if you currently are enrolled in Spouse Life coverage and would like to increase that coverage amount, your spouse will need to provide Evidence of Insurability subject to approval by ReliaStar Life for any coverage amount.</p> <p>If you are a New Hire Employee, your Spouse will need to provide evidence of insurability subject to approval by ReliaStar Life for coverage in excess of \$50,000 (\$20,000 Spouse ages 60-69) if you elect Spouse coverage during the initial eligibility period. Spouse Life coverage up to a maximum of \$500,000, in \$10,000 increments, is available if you complete an evidence of insurability form on your spouse subject to approval by ReliaStar Life.</p> <p>Note: Supplemental Dependent Spouse Life is Employee paid.</p>
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Supplemental Spouse Life Election	<p>I currently have Supplemental Dependent Spouse Life coverage of: \$ _____ (\$10,000 increments)</p> <p>Note: If you are a New Hire Employee your current amount of spouse coverage is Zero.</p> <p>I am applying for additional Supplemental Dependent Spouse Life coverage of: \$ _____ (\$10,000 increments)</p> <p>Total Supplemental Dependent Spouse Life coverage (current plus additional): \$ _____ <input type="checkbox"/> Waive</p>
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Note: The employee is the beneficiary for any dependent spouse insurance coverage.

Supplemental Dependent Child(ren) Life Insurance

Supplemental Child(ren) Life	<p>If you are electing Dependent Child Life coverage for the first time, but were previously eligible, or if you are currently enrolled in Dependent Child Life Coverage, and would like to increase that amount, you will need to complete an evidence of insurability form on all of your dependent children subject to approval by ReliaStar Life for any coverage amount.</p> <p>If you are a New Hire Employee, you may elect up to \$10,000 in Dependent Child Life coverage at initial eligibility. At all other times evidence of insurability must be provided for all of your dependent children subject to approval by ReliaStar Life.</p> <p>Note: Supplemental Dependent Child(ren) Life Insurance is Employee paid.</p>
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Supplemental Child(ren) Life Election	<input type="checkbox"/> \$ 5,000 for each eligible dependent child. <input type="checkbox"/> \$10,000 for each eligible dependent child. <input type="checkbox"/> Waive
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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
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