

Enrollment and Change Form

 ${\it Mark\ all\ boxes\ and\ complete\ all\ sections\ that\ apply.\ Return\ completed\ form\ to\ Human\ Resources.}$

	Your Name (Last, First, Middle)			Group Name			Policy Number		
APPLICANT				Skidmore College			752292		
	Address			City			State Zip		
	Social Security #			Date of Birth	Gender Male Fen		Job Title/Occupation		
LIFE INSURANCE	Check with your Human Resources/Benefits Department about coverage options available to you and Evidence of Insurability requirements.								
	Life Insurance			Dependent Life Insurance					
	☐ Life and AD&D (Employer Paid)			☐ Spouse/Child Life: \$10,000/\$4,000					
	Additional Life (Increments of \$50,000 to \$250,000)			Spouse NameDOB					
	Amount Requested: \$								
BENEFICIARY	This designation applies to Life, AD&D and Additional Life Insurance available through your Employer, if any. Designations are NOT valid unless signed, dated, and delivered to your Employer during your lifetime. See page 2 for further information.								
	Primary- Full Name	7- Full Name Address			Social Security #				
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	Contingent- Fill Name	Address			Social Security # R		ationship	% Benefit	
	Usa this saction only	nhan you wish to make	a chana	a after incuran	aa hacamas affactiva	Comple	ata all hovas	and sections	
CHANGE	Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.								
	Add Dependent Delete Dependent			☐ Name Change			☐ Beneficiary Change		
	Date of Add/delete Former name				Other				
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 will change if my coverage or costs change.								
195783	Member/Employee Signature Required Date (Mo/Day/					/Day/YR)			
Human Resources/Benefits Department- Complete this section. Retain form for your records									
Class	Billing Category	Date of Hire/Rehire	Hours V	Vorked Per We		Per:	Hour Wee	ek Month	

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 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.

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	Contingent- Fill Name	Address			Social Security #	Relat	Relationship		%	
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