LIFE INSURANCE ENROLLMENT FORM

Offered by Life Insurance Company of North America, a Cigna company

Please use this form to apply for coverage. Simply fill in any missing information below. Don't forget to include your Social Security Number, Birthdate, sign your name and enter today's date. **Return completed form to your Human Resources Department.**

Employer **Anne Arundel Community College**	Policy # **FLX 969136**
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)

SECTION 1: EMPLOYEE INFORMATION			
Name (First, Middle, Last)		Social Security #	☐ Male ☐ Female
Address (Street, City, State, Zip Code)			Date of Birth (MM/DD/YYYY)
Phone #	Email Address		☐ New Enrollment ☐ Change in Enrollment

SECTION 2: BASIC TERM LIFE INSURANCE ELECTIONS

View the Benefits Reference Guide for full costs and instructions for how to calculate premium.

Applicant	Coverage Amount	Accept or decline coverage below
Employee	2 times your salary, up to $350,000	☐ Accept Coverage ☐ Decline Coverage

The cost of this coverage is shared between you and your employer.
If you enroll in Basic Term Life coverage, you will automatically be enrolled in Accidental Death and Dismemberment Insurance (Policy # OK970590).

SECTION 3A: EMPLOYEE'S DEPENDENT(S) INFORMATION

Complete section 3A & 3B *ONLY* if you are electing Dependent coverage.

Spouse/Domestic Partner		
Spouse/Domestic Partner Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	☐ Male ☐ Female
Dependent Child(ren)		
Child Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	☐ Male ☐ Female
Child Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	☐ Male ☐ Female
Child Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	☐ Male ☐ Female
Child Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	☐ Male ☐ Female

SECTION 3B: SUPPLEMENTAL TERM LIFE INSURANCE ELECTIONS View the Benefits Reference Guide for full costs and instructions for how to calculate premium.		
Applicant	**Available Coverage**	Choose your desired coverage amount below or enter a different amount in the "Other" field.
Employee	Benefit: Units of $10,000 up to the lesser of 5 times your salary, or $500,000. Guaranteed Coverage: $150,000	☐ $10,000 ☐ $150,000* ☐ $500,000** ☐ Other _____ *Amount must be a multiple of $10,000.* ☐ Decline Coverage
Spouse	Benefit: Units of $5,000 up to $50,000 Guaranteed Coverage: $10,000	☐ $5,000 ☐ $10,000* ☐ $50,000** ☐ Other _____ *Amount must be a multiple of $5,000. The amount cannot exceed 100% of the employee's coverage.* ☐ Decline Coverage
Child	Benefit: $10,000	☐ $10,000 ☐ Decline Coverage

**This is the Guaranteed Coverage amount. You may choose this amount, or less, without answering medical questions during your enrollment period.*
***This is the maximum amount that you can choose under this plan.*
All coverage elected during this openenrollment period will take effect on the latter of 01/01/2022 or the date the insurance company approves your application.

SIGN HERE TO ACCEPT DEDUCTION FROM YOUR PAYCHECK

I accept the insurance options chosen above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my paycheck. If I did not choose coverage now, and I decide I want coverage at a later date, I may be required to provide evidence of insurability at my own expense. I understand that coverage is subject to Cigna's approval and that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will go into effect only if the person is not confined in a hospital or institution, or receiving certain medical treatment. I understand my information is protected by privacy laws and will be released only in accordance with these laws. Additional information about the rules and conditions around the requested insurance is described in the policy and certificate. Insurance coverage is underwritten by Life Insurance Company of North America.

Sign Here

_____	_____	_____
Signature of Employee	Print Name	Date (MM/DD/YYYY)

SECTION 4: BENEFICIARY DESIGNATION

To specify a beneficiary, complete the section below. You will be the beneficiary for your spouse and child(ren) unless you specify otherwise. If there is not enough room to specify all beneficiaries, attach, sign and date a separate page using the format below.

Primary Beneficiary Full Name (First, Middle, Last)	**Relationship**	**Date of Birth** (MM/DD/YYYY)	**Address** (Street, City, State, Zip Code)	**Share %**
			TOTAL:	**100%**

If all of the Primary Beneficiary(ies) die before me, I designate as Contingent Beneficiary(ies):				
Contingent Beneficiary Full Name (First, Middle, Last)	**Relationship**	**Date of Birth** (MM/DD/YYYY)	**Address** (Street, City, State, Zip Code)	**Share %**
			TOTAL:	**100%**

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, Social Security Number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following format: "To <name of trustee>, trustee of the <name of trust>, under a trust agreement dated <date of trust>." If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.