

Term Life Insurance

Complete this form to enroll. THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Oberlin College & Conservatory

Step 1: Complete your personal information

First name (please print) M. initial Last name 910824-001

Social Security Number Gender Date of birth (mm-dd-yyyy) Have you used tobacco products (such as cigarettes, cigars, snuff, chew, or pipe) or any nicotine delivery system in the past 12 months? (Y/N)

Street address Apartment #

City State ZIP code -

Original hire date Annual salary Occupation Hours worked per week

Spouse first name (please print) M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

* If you've chosen life coverage over the amount of \$100,000 for you, or \$25,000 for your spouse, please complete an Evidence of Insurability form. Ask your plan administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$15,000	
<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$20,000	
<input type="checkbox"/> \$100,000 *	<input type="checkbox"/> \$25,000 *	

Want a different amount? \$ _____ \$ _____ \$ _____

AD&D insurance

Employee		Spouse		Child	
Coverage amount	Monthly cost	Coverage amount	Monthly cost	Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.36	<input type="checkbox"/> \$5,000	\$0.18	<input type="checkbox"/> \$5,000	\$0.18
<input type="checkbox"/> \$30,000	\$1.08	<input type="checkbox"/> \$10,000	\$0.36	<input type="checkbox"/> \$10,000	\$0.36
<input type="checkbox"/> \$50,000	\$1.80	<input type="checkbox"/> \$15,000	\$0.54		
<input type="checkbox"/> \$70,000	\$2.52	<input type="checkbox"/> \$20,000	\$0.72		
<input type="checkbox"/> \$100,000	\$3.60	<input type="checkbox"/> \$25,000	\$0.90		

Want a different amount? \$ _____ \$ _____ \$ _____

Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4: Sign and certify

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

Signature

___ / ___ / ____
Date

No, I do not want coverage under the Term Life Insurance.

No, I do not want coverage under Accidental Death & Dismemberment.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

Signature

___ / ___ / ____
Date

Return forms to: plan administrator

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

