

To Be Completed By Human Resources

Group Number 645273	Division 0001	Billing Category 0100	Date of Employment
-------------------------------	-------------------------	---------------------------------	--------------------

To Be Completed By Applicant Apply for Coverage Beneficiary Change *Complete Beneficiary Section below.* Name Change
 Add or Delete Dependent Date of add/delete _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Your Address		City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>			Phone Number	
Employer Name Washington Counties Insurance Fund			Job Title/Occupation	

Hours Worked Per Week _____ Earnings \$ _____ Per: Hour Week Month Year

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

Life Insurance

Voluntary Life requested amount \$ _____

Dependents Life Insurance

Spouse Life requested amount \$ _____ Spouse Name _____ Date of Birth _____

Child(ren) Life requested amount \$ _____

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Employee must be insured under the plan to be eligible to elect coverage for the Spouse and/or eligible Child(ren).

Your requested amount \$ _____ (Not to exceed \$500,000. Amounts in excess of \$250,000 may not exceed 10 times your annual earnings)

Dependent Voluntary Accidental Death and Dismemberment (AD&D) Insurance

You may elect to insure your Spouse and/or Child(ren) under one of the following options:

- Spouse AD&D (50 % of employee Voluntary AD&D coverage. Not to exceed \$250,000)
- Spouse AD&D (100 % of employee Voluntary AD&D coverage. Not to exceed \$250,000)
- Child(ren) AD&D (10% of employee Voluntary AD&D coverage. Not to exceed \$30,000)

Voluntary Short Term Disability

You may elect one of the following options:

- Option 1, 90-day maximum benefit period
- Option 2, 180-day maximum benefit period

Long Term Disability

- Employer Paid Base LTD
- Buy-up LTD

Beneficiary *This designation applies to Life Insurance available through your Employer, if any. Unless specified otherwise on a separate sheet of paper, this designation will also apply to Accidental Death and Dismemberment (AD&D) Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.*

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

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 amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

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 surviving 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.