



Enrollment/Change Optional Life Insurance

Please print. • See next page for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID		Date of Birth
Name (last/first/middle)		
Primary Phone	Alternate Phone	Alternate Phone
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address		

SECTION B - COVERAGE ELECTIONS

Reason for Change	
<input type="checkbox"/> Late/New Enrollment	<ul style="list-style-type: none"> No current coverage. <i>Medical History Statement</i> required on late enrollments for member (employee) or spouse.
<input type="checkbox"/> Family Status Change	<ul style="list-style-type: none"> Enrollment must be within 31 days of event. Attach proof of qualifying event. Reason for Family Status change: <input type="checkbox"/> Marriage/Divorce/Legal Separation <input type="checkbox"/> Birth of child <input type="checkbox"/> Adoption of child <input type="checkbox"/> Death of Spouse/Child Date of Event _____/_____/_____
<input type="checkbox"/> Increase/Decrease Coverage Amount	<ul style="list-style-type: none"> <i>Medical History Statement</i> required to increase coverage amount. Effective Date for Decrease _____/_____/_____
<input type="checkbox"/> Termination of Coverage	<ul style="list-style-type: none"> If member coverage is terminated, spouse coverage will also be terminated. Terminate coverage for: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) Effective Date for Termination _____/_____/_____

Coverage Amount (check all that apply and indicate coverage amount)	
<input type="checkbox"/> Member Coverage	<ul style="list-style-type: none"> Must be in multiples of \$10,000. Cannot exceed 6 times your annual salary or \$800,000. I elect a flat amount of \$ _____
<input type="checkbox"/> Spouse Coverage	<ul style="list-style-type: none"> <i>Medical History Statement</i> required for coverage over \$10,000 due to family status change as well as all late enrollments. Amount must be in multiples of \$10,000 and cannot exceed the lesser of member coverage or \$100,000. I elect a flat amount of \$ _____
<input type="checkbox"/> Child(ren) Coverage	<ul style="list-style-type: none"> Coverage amount is \$10,000 per eligible child.

Spouse and Child(ren) Information (This information is for life insurance coverage ONLY - These are NOT beneficiary designations)	
Name of Spouse	Date of Marriage
Social Security Number	Date of Birth
Name of Child(ren)	Date of Birth

SECTION C - APPLICANT SIGNATURE

I hereby authorize the selections made above and the deduction necessary to pay for the coverage elected and certify that the above named are my spouse and dependent child(ren). I understand that all elections will be effective in accordance with the terms of the group member policy and amendments thereto. Coverage that does not require proof of insurability is effective the date the form is signed.

Signature	Date
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Instructions for Completing

Enrollment/Change Optional Life Insurance

You may elect to purchase additional life insurance coverage for yourself, your spouse, or your child(ren) and make the premium payments through payroll deductions. Full-time members of the armed forces of any country, regardless of age, are not eligible for coverage. The *Optional Life Insurance Enrollment/Change* form is required for enrollment and changes not made during the Annual Life Insurance Review. This form must be signed by you, dated, and delivered to MOSERS for enrollment/change to be made. Steps for completing this form are outlined below.

1. Complete Section A.
2. Make your coverage elections in Section B.
 - Indicate reason for change and provide information requested.
 - Indicate coverage amounts and provide information requested.
 - If increasing coverage, you must submit a *Medical History Statement*. The effective date is the next pay period after MOSERS receives approval from The Standard Insurance Company.
 - If electing spouse/child(ren) coverage, provide requested information including name, social security number, date of birth and date of marriage.
 - *MOSERS Life Insurance Handbook* and *Medical History Statements* are available online.
 - Full-time members of the armed forces of any country, regardless of age, are not eligible for coverage.
3. Sign and date Section C.
4. Return completed form to MOSERS.