

# STANDARD LIFE INSURANCE & BENEFICIARY CHANGE FORM

## PERSONAL INFORMATION

	Social Security # _____
Name _____	Extension # _____
Last	First

## Life Insurance Options

### Pre-Tax Life Insurance

- Reduce my *pre-taxed* Buy-up life for \$10,000
- Add the *pre-taxed* Buy-up life up to \$50,000  
\* Medical History Statement is Required

### Optional Post-Tax Life Insurance

- Reduce my optional *post-tax* life to *pre-taxed* \$50,000
- Add new optional *post-tax* life to \$100,000  
(\$100,000/1,000 x Rate Factor = Premium)  
\* Medical History Statement is Required
- Cancel my optional *post-tax* life

\* You must submit a Medical History Statement if adding additional life insurance  
The additional life insurance will become effective after Standard approval.

## Dependent Life Insurance & Beneficiary Form

### Basic Dependent Life

Spouse: \$5,000  
Child(ren): \$2,500      \$1.47

Cancel      Add  
     

### Optional Spouse Life

- |  |   |
|--|---|
| <input type="checkbox"/> \$5,000 - \$1.23  | <input type="checkbox"/> \$30,000 - \$7.35  |
| <input type="checkbox"/> \$10,000 - \$2.45 | <input type="checkbox"/> \$35,000 - \$8.58  |
| <input type="checkbox"/> \$15,000 - \$3.68 | <input type="checkbox"/> \$40,000 - \$9.80  |
| <input type="checkbox"/> \$20,000 - \$4.90 | <input type="checkbox"/> \$45,000 - \$11.03 |
| <input type="checkbox"/> \$25,000 - \$6.13 | <input type="checkbox"/> \$50,000 - \$12.25 |

Cancel      Add  
     

The amount of your Spousal life coverage cannot exceed 50% of your combined Basic and Optional life amount.

If you are adding more life insurance on your spouse, an application and approval from Standard is required.

### Optional Children Life

- \$ 5,000      \$0.83
- \$10,000      \$1.65

Cancel      Add  
     

### Beneficiary Designation: Please list a beneficiary(ies) for life insurance.

Primary Beneficiary	Social Security #	Relationship	% Payable
_____	_____	_____	_____
_____	_____	_____	_____

I have read, understand and agree to the provisions printed above and acknowledge that the information I have provided is accurate to the best of my knowledge. I further herby authorize my employer to make necessary payroll deductions if required.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_