



Basic and Supplemental Life / AD&D Enrollment/Change Form



Security Alert: Do not send this form via E-mail

EMPLOYEE INFORMATION

Name		Soc Sec Number		
Address				
Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Hire	Banner ID	

EMPLOYEE COVERAGE – ENROLLMENT INFORMATION

Type of Enrollment (check one): Initial Enrollment Change in coverage¹ Cancel Supplemental coverage Change beneficiary designation

REQUESTED AMOUNT	SUPPLEMENTAL LIFE/ AD&D (Coverage in addition to Basic Life)			
<input type="checkbox"/> Basic Life/AD&D only No cost to employee	<input type="checkbox"/> 1x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 2x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 3x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 4x annual salary – Supplemental Life/AD&D

¹ You may need to provide evidence of good health that is satisfactory to Sun Life before the coverage can become effective. This does not apply to coverage on children.

See worksheet Page to estimate supplemental cost

DEPENDENT COVERAGE – ENROLLMENT INFORMATION

Type of Enrollment (check one): Initial Enrollment Change in coverage¹ Cancel Dependent coverage

REQUESTED AMOUNT <i>An active employee may not be insured as both an employee and dependent. A child may not be insured by more than one employee of WSU.</i>	12-MONTH EMPLOYEE COST PER PAY	9-MONTH EMPLOYEE COST PER PAY
<input type="checkbox"/> Not electing dependent coverage	\$ 0.00	\$ 0.00
<input type="checkbox"/> \$20,000 Spouse/Domestic Partner/Other Eligible Person and \$10,000 Per Child (Other Eligible Person eligibility as determined by WSU)	\$ 2.25	\$ 3.00
<input type="checkbox"/> \$20,000 Spouse/Domestic Partner/Other Eligible Person Only (Other Eligible Person eligibility as determined by WSU)	\$ 1.50	\$ 2.00
<input type="checkbox"/> \$10,000 Per Dependent Child Only (to age 26 per WSU eligibility rules)	\$ 0.75	\$1.00

BENEFICIARY DESIGNATION

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your benefits administrator or your own legal counsel. If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example “33% to Mary Jones, Mother and 67% to Edith Jones, Wife.” If a Trust is named, please indicate the date the Trust was established.

The beneficiary for Life/AD&D insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise, the estate of the spouse and children, subject to policy provisions.

Full Name	Address	Soc Sec Number	Relationship	Date of Birth	%
Primary					
Contingent					

I understand that if I decline Supplemental Life coverage when initially eligible, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Sun Life Financial and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages. I understand the benefit I have elected is limited to the maximum benefit available under the policy. I further understand that the Supplemental Life plan only covers eligible dependents as defined under the insurance policy and I must notify WSU when my dependent(s) become ineligible.

Life Insurance options not available to all employee groups. See Benefits Handbook for eligibility information.

Employee Signature	Date
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Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Phone: 313-577-3000, Fax: 313-577-0637