



PLEASE PRINT

Basic Life/AD&D Insurance Enrollment Form

A. EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Street Address		Apt No.	City	State	Zip Code

Active Full-time Employee Active Part-time Employee Retired

B. DEPENDENT COVERAGE - Complete this section if Dependent Coverage is offered by your District

Spouse Name (Last, First MI) _____ # of Dependent Children _____

C. BENEFICIARY DESIGNATION (Right to change beneficiary is reserved to the insured)

Primary Beneficiary(ies) Last Name	First Name	M.I.	Relationship	Benefit Percentage (Must total 100%)
1.				
2.				
Contingent Beneficiary(ies) Last Name	First Name	M.I.	Relationship	Benefit Percentage (Must total 100%)
1.				
2.				

Please note that the employee is the beneficiary for any dependent insurance coverage.

D. INSTRUCTIONS FOR COMPLETING THIS FORM

Application for Basic Life Insurance must be made within 31 days from the date the employee becomes eligible (or as otherwise stated in the policy).

E. SIGNATURE (THIS FORM MUST BE SIGNED)

- The statements on this form are true and complete to the best of my knowledge and belief.
- I understand that any person knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.
- I understand that my coverage begins on the effective date assigned by United HealthCare Insurance Company, provided I am actively at work.
- I understand that Evidence of Insurability may be required for coverage to become effective.

X _____ Date _____
Signature of Employee

F. DISTRICT USE ONLY

District Name	District #	Account # 300003
Employee Effective Date (mm/dd/yyyy)	Amount of Coverage	Weekly hours worked
Employee Occupation/Classification	Coverage for (Check one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee and Dependents	

Unimerica Workplace Benefits' insurance products are underwritten by Unimerica Insurance Company (rated A by A.M. Best) or United HealthCare Insurance Company (rated A+ by Standard & Poors). Some products may not be available in certain states.

