Standard Insurance Company
CSU Benefits Team, 920 SW 6th Ave., Portland, OR 97204

Reset

Enrollment and Change

Vol. Trust Life-VT 101770-A/ Vol. AD&D-648371-A/ Vol. LTD-648379-A

Check with your plan administrator, or call The Standard at 800.378.5745, if you have any questions concerning the coverage options that apply to your group. Please mail completed form to the address above.

To Be Completed By Member *Check all boxes and complete all sections that apply.*

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date		☐ Male ☐ Female
Your Address	City	State	ZIP	Phone Number
Employer Name **The California State University**	Job Title/Bargaining Unit		Campus	
Date of Hire / Hours Worked Per Week	Earnings $_____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year			

Change ***Use this section only when you wish to make a change after insurance becomes effective.***

☐ Beneficiary Change *(Use Beneficiary Section Below)* ☐ Name Change Former name _____

☐ Add or ☐ Delete Dependent Date of marriage _____ Date of domestic partnership filing _____ Date of birth/adoption _____

Coverage ***Check with your plan administrator or call The Standard at 800.378.5745 about Evidence Of Insurability requirements.***

Voluntary Life Insurance VT-101770-A *See brochure for increments and amounts available.*

☐ Employee Requested amount $_____ ☐ Spouse/Domestic Partner Requested Amount $ _____

Spouse Name, Date of Birth and SSN _____

☐ Child(ren) ☐ $5,000 ☐ $10,000 ☐ $20,000

Child(ren) Name(s) and Date(s) of Birth_____

Voluntary Accidental Death and Dismemberment (AD&D) Insurance Group No. 648371-A *See brochure for amounts available.*

☐ Employee only Requested amount $_____ ☐ Employee and Dependents Requested amount $ _____

Spouse/Domestic Partner Name, Date of Birth and SSN _____

Child(ren) Name(s) and Date(s) of Birth _____

Voluntary Long Term Disability *See brochure for amounts available.*

Requested amount $_____ *Check one of the following, if eligible:* Benefit Waiting Period ☐ 30-days ☐ 90-days

Beneficiary ***Designations are not valid unless signed, dated, and received by The Standard during your lifetime. See page 2 for further information. This designation applies to Voluntary Life Insurance- VT 101770-A available through your Employer, if any.***

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

This designation applies to Voluntary AD&D Insurance Policy No. 648371-A available through your Employer, if any.

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 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.

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