# INSURANCE ENROLLMENT FORM

**Life Insurance Company of North America (LINA)**
**a Cigna Company (herein called the Insurance Company)**
*For info and customer service call 1-800-732-1603*

- *The applicant must sign and date this form.*
- *This form cannot be considered unless received within 30 days of the date it is dated.*


**EMPLOYER** **Oak Park Unified School District**

***Important:*** *Please enter all dates in mm/dd/yyyy format. Please print (preferably in black ink)*

**EMPLOYEE SECTION**

☐ Mr. ☐ Mrs. ☐ Ms. (Check One)

Employee Name _____ Social Security # _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Employee ID # _____ Sex: ☐ M ☐ F

***Important:*** You must complete an Evidence of Insurability Form if applying for life insurance.

**COMPLETE IF ELECTING SPOUSE/DOMESTIC PARTNER COVERAGE**

☐ I am currently married and my date of marriage is _____ *–or–* ☐ I currently have an eligible Domestic Partner

*Spouse or Domestic Partner Information*

Name (First) _____ (Last) _____ Social Security # _____

Birthdate _____ Sex: ☐ M ☐ F

**TERM LIFE INSURANCE — POLICY NO. FLX 965974**

| | ***Applicant*** | ***Decline*** | ***Requested Amount*** | ***Maximum Coverage Amount*** |
|---|---|---|---|---|
| Voluntary Employee-Paid Coverage | Employee | ☐ | ☐ Number of $10,000 units _____ | $120,000 |
| | Spouse/Domestic Partner | ☐ | ☐ Number of $5,000 units _____ | $50,000 |
| | Child(ren) | ☐ | ☐ Number of $2,000 units _____ | $10,000 |

**ACCEPTANCE/DECLINATION**

I accept the insurance coverages elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

I understand that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will not go into effect unless the person is not confined in a hospital or institution, or receiving certain medical treatment. The conditions for the requested insurance to be effective are described in the policy and certificate.

☞ Signature _____ Date _____

**Please Sign Here**

***See next page for Beneficiary Designation***
***Return this form to your employer. Be sure to make a copy for your own records.***

***04/2014***

**Applicant's Name** _____ **Social Security #** _____

**BENEFICIARY**

To ***specify a beneficiary***, complete the section below. You will be the beneficiary for your spouse and child(ren) unless you specify otherwise. When specifying multiple beneficiaries, you must indicate the percentage of distribution for each. If there is not enough room to specify all beneficiaries, attach, sign and date a separate sheet of paper using the format below.

| **TERM LIFE INSURANCE — POLICY NO. FLX 965974** | | | | | |
|---|---|---|---|---|---|
| ***Insured*** | ***Beneficiary*** | ***Percentage*** | ***Social Security #*** | ***Date of Birth*** | ***Relationship*** |
| Employee | | | | | |
| | | | | | |
| Spouse/Domestic Partner | | | | | |
| Child(ren) | | | | | |

**Community Property Laws**—If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date _____

Owner Signature _____ Date _____

## GUIDELINES FOR DESIGNATION OF BENEFICIARIES

**General** - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

**Minors** - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

**Trust as Beneficiary** - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will, which was intended to create this trust, may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

**Life Status Changes** - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

**See an Attorney!** The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

***Return this form to your employer. Be sure to make a copy for your own records.***