



Life and AD&D Insurance Change Form

Approved changes take effect the first of the following month

Employee Full Name: _____ SSN or ID #: _____ Birthdate: _____

Optional Life

Maximum coverage is 4 x salary, not to exceed \$500,000. This is in addition to the Basic Life Insurance provided by the University.

- Decrease current coverage (1x, 2x, 3x, 4x) from _____ to _____
- Cancel coverage

Dependents Life (check one box and indicate coverage amount)

- Reduce current coverage _____ \$20,000 spouse/\$10,000 child
- Enroll (only if first dependent gained in last month) _____ \$15,000 spouse/\$7,500 child
- Cancel coverage _____ \$10,000 spouse/\$5,000 child

HOW A CURRENT EMPLOYEE APPLIES FOR MORE LIFE COVERAGE

If you are past your first month of benefits eligibility, you must apply directly to The Standard Insurance Company. Evidence of Insurability or Proof of Good Health is required. Contact your Human Resources Office for Standard's application form. It is available on website Benefit page under Standard Life.. Complete the form, sign it, maintain a copy for your records, and mail the original to Standard at the address shown on the form. Standard will notify Human Resources if you are approved for coverage, so that premiums can be deducted from your pay.

Accidental Death & Dismemberment (AD&D)

- Add or Change AD&D Insurance Coverage to \$ _____ (\$25,000 increments up to \$300,000 maximum)
Coverage for : ___ Employee Only ___ Employee + Family **

** If elect Employee + Family, Spouse under age 70 is covered at 60% of your coverage up to a max of \$180,000; Children are covered at 20% of your coverage up to a max of \$25,000.

- Cancel coverage

Beneficiaries

List below the individuals you designate to receive proceeds from your **Basic Life Insurance** (free coverage for benefit-eligible employees), **Optional Life Insurance** (if elected), and **Accidental Death & Dismemberment Insurance** (if elected). Unless otherwise indicated, payment will be made equally to all persons named. If no beneficiary is living at the time of distribution, payment will be made according to the policy terms. This supersedes any other beneficiary designation. If space is needed for additional beneficiary designations, complete a second page and attach.

Beneficiary Name	Gender	Relationship	P = Primary S = Secondary or %	Benefit Plans
				<input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Life <input type="checkbox"/> AD&D
				<input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Life <input type="checkbox"/> AD&D
				<input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Life <input type="checkbox"/> AD&D
				<input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Life <input type="checkbox"/> AD&D

Employee Signature: _____ Date: _____

Instructions: Send to UACCB Human Resources, Annex Building Room 408, fax 870-612-2093, or email alexa.smith@uaccb.edu