

Employee Life Insurance Enrollment Form

INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.

Name of Employer/Plan Sponsor City of Eugene		Group/Plan Number 36155-1	Account Number/Location
Class/Occupation	Date of Hire	Annual Salary	Employment Status: <input type="checkbox"/> Active Full-Time <input type="checkbox"/> Active Part-Time
This change is due to: (check all that apply) <input type="checkbox"/> Change in Coverage Amount <input type="checkbox"/> Late Entrant* <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Add Dependent Coverage <input type="checkbox"/> Other: _____			Effective Date of Coverage or Change:

**A late entrant is an individual who is first enrolling for coverage after the first available opportunity.*

Employee Information

Employee Name (last, first, middle initial)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth / /	Social Security #	Employee I.D. #
Employee Address (street address, city, state, zip code)			Telephone Work () Home ()	

Employee Coverage

Portable Life	When you are first eligible for Portable Life coverage, you can elect up to the GI Limit without proof of good health. <ul style="list-style-type: none"> If you are less than age 60: Guaranteed Issue (GI) Limit = \$100,000 If you are age 60 or older: Guaranteed Issue (GI) Limit = \$50,000 Total Portable Life coverage up to \$500,000 is available if you complete a Portable Proof of Good Health form subject to approval by ReliaStar Life Insurance Company. Minimum employee can apply for is \$20,000.
Portable Life Election	I currently have Portable Life coverage of: \$_____. I am applying for new or additional Portable Life coverage of: \$_____. (\$10,000 increments) Total Portable Life coverage (current plus additional): \$_____.
Portable AD&D Election	<input type="checkbox"/> Amount equal to Portable Life insurance coverage up to \$250,000. <input type="checkbox"/> Waive

Beneficiary Information *Designate your beneficiary(ies) below.*

Name of Beneficiary (last name, first, middle initial)	Relationship to Employee	Benefit % (MUST total 100%)

Dependent Coverage

Dependent Life Insurance	<p>Either you or your spouse may cover your dependent children age 6 months to 26 years, but not both. Children age 14 days but less than 6 months will be covered for 10% of the elected amount.</p> <p>When you are initially eligible for dependent coverage, you can elect it without proof of good health. At all other times, a Portable Proof of Good Health form must be completed for your children subject to approval by ReliaStar Life Insurance Company.</p>
Dependent Life Insurance Election	<p><input type="checkbox"/> \$5,000 for each eligible dependent child. (\$500 for children age 14 days to 6 months of age)</p> <p><input type="checkbox"/> \$7,500 for each eligible dependent child. (\$750 for children age 14 days to 6 months of age)</p> <p><input type="checkbox"/> \$10,000 for each eligible dependent child. (\$1,000 for children age 14 days to 6 months of age)</p> <p><input type="checkbox"/> Waive</p>

Note: The covered parent is the beneficiary for any dependent children insurance coverage.

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand that any person who 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 may be a crime.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

Employee's Signature	Date Signed / /
----------------------	------------------------

FOR EMPLOYER/PLAN SPONSOR USE ONLY

COVERAGE	LIFE	AD&D	CHILD LIFE	CHILD AD&D
ACCOUNT				
CLASS				
AMOUNT				
EFF. DATE				