

## ENROLLMENT • CHANGE FORM

| GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)               |                            |                                      |          |        |
|--|----------------------------|--------------------------------------|----------|--------|
| Name of Group Customer/Employer<br>Old Dominion University Research Foundation | Group Customer #<br>104994 | Report #<br>104994                   | Sub Code | Branch |
| Date of Hire (MM/DD/YYYY)  |                            | Coverage Effective Date (MM/DD/YYYY) |          |        |

| YOUR ENROLLMENT INFORMATION (To be Completed by the Employee) |               |  |  |
|---|---------------|--|--|
| Name (First, Middle, Last)                                    |               | Social Security #<br>- -   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Address (Street, City, State, Zip Code)                       |               | Date of Birth (MM/DD/YYYY)   |  |
| Phone #   | Email Address | <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment<br>If due to a Qualifying Event, enter date (MM/DD/YYYY) |  |

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that no contributions are required for Basic Life, Basic AD&D, and the Long Term Benefits. I understand that contributions are required for the benefits I select below.

▶ If you are enrolling during the initial enrollment period, you must complete a Statement of Health form:

- If you are enrolling for Supplemental/Optional Life Insurance and requesting more than \$140,000
- If you are enrolling for Dependent Spouse Life Insurance and requesting more than \$25,000

If you are enrolling after the initial enrollment period, you must also complete a Statement of Health form for all amounts you are requesting.

| Term Life Insurance  |
|--|
| <input checked="" type="checkbox"/> Basic Life <sup>1</sup><br><input type="checkbox"/> Supplemental/Optional Life <sup>1</sup><br>Enter a multiple of \$10,000 up to a maximum of the lesser of 5x your Basic Annual Earnings or \$500,000. \$ _____<br><input type="checkbox"/> Dependent Spouse Life <sup>1,2</sup><br>Enter a multiple of \$5,000 up to a maximum of \$250,000. \$ _____<br><input type="checkbox"/> |

### SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.



