



Insurance Enrollment Form



Member Name:

Social Security #:

Group Name: Whatcom County

Date of Birth:

Date of Hire:

Effective Date:

Address:

Phone:

Email:

Disability and Life Insurance Package

The Disability and Life benefit package combines benefits for short-term disability, long-term disability, term life and accidental death & dismemberment. All benefits are included in the package price. The benefit information below is for summary purposes. The contract will prevail in dispute.

Disability Insurance

Short Term Disability

The STD insurance helps to replace your income if you are sick or injured (off the job) and cannot work. If approved, coverage commences on the 30th day following an accident or sickness and is designed to continue for a period up to 22 weeks. This plan provides you with income protection to replace up to 60% of your earnings, to a maximum weekly benefit of \$1,500.

Long Term Disability

At the end of the Short Term Disability duration your benefit may transition into a Long Term Disability (LTD) benefit. LTD insurance helps to replace your income if you are sick or injured (on or off the job) and cannot work and is designed to begin after you have been disabled for a predetermined waiting period, known as the elimination period, of 180 days. If approved, this plan provides you with income protection to replace up to 66.67% of your regular pay, to a maximum monthly benefit of \$7,500.

Life and AD&D Insurance

You must complete the Beneficiary Designation section below.

- **Basic Life Insurance** in the amount of \$15,000. The Guarantee Issue amount is the amount of insurance you can elect without providing evidence of good health. If you enroll during your initial enrollment period, the Guarantee Issue is \$15,000. If you enroll after your initial enrollment period, evidence of good health will be required for all coverage amounts. Please see your Benefits Administrator for further information.
- **AD&D Insurance** in the amount of \$85,000. Please see your Benefits Administrator for further information.
- **Basic Dependent Life** for your Spouse in the amount of \$2,000 and \$2,000 for each Dependent Child between the ages of 6 months and 19 years (25 years if a full-time student). Children between 2 weeks and 6 months of age are limited to coverage in the amount of \$200.

Beneficiary Designation

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your Benefits Administrator or your own legal counsel.

Following are examples of the most common beneficiary designations:

Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

Contingent:

- Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares (50%).
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the percentage amount to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

	Full Name & Address	Social Security Number	Relationship	Date of Birth	Percentage
Primary					
	Full Name & Address	Social Security Number	Relationship	Date of Birth	Percentage
Contingent					
Contingent					

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request.

Employee Confirmation

I have been given the opportunity to enroll in Life and Disability Insurance plans. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Reliance Standard Life Insurance and understand my request for coverage may be denied.

Enrollment

You must complete the Beneficiary Designation section above.

I elect to **enroll** in the Life, Accidental Death and Disability plan (AD&D), Dependent Life, Short Term, and Long Term Disability plan at the monthly (12) cost of \$63.90. I understand I must be an active member of FOP to be eligible for the plan and I could lose coverage if I am no longer a member.

I elect to **decline** the Life, Accidental Death and Disability plan (AD&D), Dependent Life, Short Term, and Long Term Disability plan.

Signature: _____ Date: _____

