

Spouse/Domestic Partner Life Insurance Enrollment Form

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

Name of Employer/Plan Sponsor City of Eugene	Group/Plan Number 36155-1	Account Number/Location
Employee's Date of Hire	Employee's 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 Employee's 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 (required)

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 ()	

Spouse/Domestic Partner (DP) Information

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

Spouse/Domestic Partner (DP) Coverage

Portable Life	Total Portable Life coverage is available from \$20,000 to \$500,000 in \$10,000 increments if you complete a Portable Proof of Good Health form subject to approval by ReliaStar Life Insurance Company.
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 Applicant	Benefit % (MUST total 100%)

Dependent Coverage

Dependent Life Insurance	Either you or the employee 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. 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.
Dependent Life Insurance Election	<input type="checkbox"/> \$5,000 for each eligible dependent child. (\$500 for children age 14 days to 6 months of age) <input type="checkbox"/> \$7,500 for each eligible dependent child. (\$750 for children age 14 days to 6 months of age) <input type="checkbox"/> \$10,000 for each eligible dependent child. (\$1,000 for children age 14 days to 6 months of age) <input type="checkbox"/> Waive

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

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- Employee: 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 the employee is actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

Employee's Signature (required)	Date Signed / /
Spouse's/Domestic Partner's Signature	Date Signed / /

FOR EMPLOYER/PLAN SPONSOR USE ONLY

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