

CLARK COUNTY SCHOOL DISTRICT

Western Insurance Specialties www.wisnv.com 800-342-0707

- Unified/Teachers
 Support Staff/Police



Employee's Last Name First Name Date of Birth / /

Number & Street Address Annual Salary

City State Social Security Number - -

Date of Hire / / Zip Code Work Phone - -

Sex Male Female Home Phone - -

Email Address

COMPLETE IF ELECTING SPOUSE

Last Name First Name SEX: Male Female
 Date of Birth / / Social Security Number - -

TERM LIFE INSURANCE Policy 08703 Company Use Only

Employee Amount \$ Spouse
 (MUST CARRY MINIMUM OF \$10,000 maximum of \$500,000)

GI/IF	GI/IF Eff	Approved Amt	Eff Date
EE k	/	k	/
SP k	/	k	/
CH k	/	k	/
AC k F/M	/	k	/

Child Coverage \$10,000 = \$1.80mo. \$20,000 = \$3.60mo.
 (one monthly premium covers all children)

EMPLOYEE'S BENEFICIARY

First Name Date of Birth / /
 Last Name
 Relationship Social Security # - -

Accidental Death & Dismemberment Rider
 \$100,000 Employee \$1.80mo
 \$100,000 Employee & Family \$3.20mo
 \$250,000 Employee \$4.50mo
 \$250,000 Employee & Family \$8.00mo
 \$500,000 Employee \$9.00mo
 \$500,000 Employee & Family \$16.00mo

I ACCEPT I authorize my employer to deduct the premiums from my earnings. I acknowledge the terms and conditions on the reverse of this form.
 I DECLINE I realize this offering may not be available at a future date. Return all copies to: Western Insurance Specialties P.O. Box 12910 Reno, NV 89510

Date of Orientation / / Employee's Signature Date / /
 Spouse Date / /

I represent that all of the information on this form is true and complete to the best of my knowledge and belief. I understand that this insurance is subject to all of the terms of the Plan & Schedule of Insurance contained in the Group Policy Certificate.

I understand that the insurance I have elected for myself will begin on the effective date, provided I am actively at work on that date. *Active-at-Work Rule:* If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage. Further, I understand that any insurance subject to evidence of good health or medical information will not become effective until the first of the month after Sun Life Financial gives its written consent.

If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

Choosing your beneficiary¹

- **You can name as many beneficiaries as you want.** If listing more than one, attach a sheet to this form listing all beneficiaries and "percentage" of proceeds. Sign and date the attachment. A change form is located on our website (wisnv.com) for your convenience.
- **Spell out each person's full name, social security number, date of birth and his or her relationship to you.**
- **If you are married, reside in a community property state** (i.e., Nevada and California), and name someone other than your spouse as beneficiary, it is possible that payments of benefits will be delayed or disputed.
- **Try not to name minor children as beneficiaries** (under the age of 18), because they'll need a court-appointed guardian of their estate to manage their money as beneficiary.

Remember to review your beneficiary designations every once in a while...especially after major life events like births, deaths, weddings, divorces, graduations and retirements...you can always make changes.

¹ You may want to talk to an estate planner, accountant or attorney before you make your decision.