CLARK COUNTY SCHOOL DISTRICT VOLUNTARY LIFE INSURANCE PLAN Western Insurance Specialties www.wisnv.com 800-342-0707 Support Staff _____ Teachers/Unified _ fe Financial® **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 / DOMESTIC PARTNER COVERAGE Sex ☐ Male ☐ Female **Last Name** First Name DOB **Social Security Number** TERM LIFE INSURANCE Policy 903812 **Company Use Only** GI/IF Eff **GI/IF** Approved Amt Eff Date EE ____k **Employee Amount Spouse/ Domestic Partner** SP k (EMPLOYEE MUST CARRY MINIMUM OF \$10,000 MAXIMUM OF \$750,000) CH ____k k Child Coverage k F/M AC \square \$10,000 = \$1.89 mo. \square \$20,000 = \$3.78 mo. (one monthly premium covers all children) **EMPLOYEE'S BENEFICIARY** ACCIDENTAL DEATH & DISMEMBERMENT RIDER □ \$250,000 Employee \$ 4.75mo □ \$250,000 Employee & Family \$ 8.50mo **First Name** Date of Birth □ \$500,000 Employee \$ 9.50mo **Last Name** □ \$500,000 Employee & Family \$17.00mo □ \$750,000 Employee \$14.25mo Relationship Social Security # □ \$750,000 Employee & Family \$25.50mo ☐ 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 **Employee's Signature** Date _____ **Date of Orientation**

Spouse's/ Domestic Partner's Signature

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 AIG 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.

I understand that Domestic Partner is defined as:

An adult member of a household, either same or opposite sex, who is not legally married and who is in a long-term relationship with the employee that includes financial and emotional commitment and interdependence (akin to marriage).

Choosing your beneficiary

- 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 <u>and</u> 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.