

Nevada System of Higher Education

Campus _____

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



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/DOMESTIC PARTNER COVERAGE

Last Name

First Name

SEX:

Male

Female

Date of Birth

 / /

Social Security Number

 - -

TERM LIFE INSURANCE

Policy 08702

Company Use Only

Employee Amount

Spouse/Domestic Partner

\$

(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 F/M	/

Child Coverage

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

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

EMPLOYEE'S BENEFICIARY

First Name

Date of Birth

 / /

Last Name

Relationship

Social Security #

 - -

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

NON-SMOKER / SMOKER QUESTION

Have you smoked in the last 12 months (Employee only) Yes No

Employee's Signature

Date

 / /

Date of Orientation

 / /

Spouse/ Domestic Partner Signature

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.

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 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.