

Employee ID #

Campus



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

DOB

____/____/____

Social Security Number

____-____-____

Female

TERM LIFE INSURANCE

Policy V256033

For Company Use Only

Employee Amount

\$ _____

Spouse/ Domestic Partner

(EMPLOYEE MUST CARRY MINIMUM OF \$10,000 MAXIMUM OF \$750,000)

Child Coverage

\$10,000 = \$1.80 mo. \$20,000 = \$3.60 mo.

(one monthly premium covers all children)

GI/IF

EE ____k

GI/IF Eff

___/___

Approved Amt

____k

Eff Date

___/___

SP ____k

___/___

____k

___/___

CH ____k

___/___

____k

___/___

AC ____k F/M

___/___

____k

___/___

ACCIDENTAL DEATH & DISMEMBERMENT RIDER

- \$250,000 Employee \$ 4.50mo
- \$250,000 Employee & Family \$ 8.00mo
- \$500,000 Employee \$ 9.00mo
- \$500,000 Employee & Family \$16.00mo
- \$750,000 Employee \$13.50mo
- \$750,000 Employee & Family \$24.00mo

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

Date of Orientation

____/____/____

Employee's Signature

Date

____/____/____

Spouse's/ Domestic Partner's 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 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 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.