

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 beneficiary<sup>1</sup>

- **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](http://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.**

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