

**Standard Life Insurance Company**

900 SW Fifth Ave | Portland, OR 97204-1282

Mailing Address: Benefits Division | PO Box 2800 | Portland, OR 97208-9929

**GROUP LIFE INSURANCE ENROLLMENT**

**TO BE COMPLETED BY THE POLICYHOLDER**

Policy Number 762723

Employer/Policyholder Name Vermilion Parish School Board

220 S. Jefferson St. Abbeville LA 70510  
 Street Address City State Zip Code

Employee Occupation/Job Title \_\_\_\_\_ Employee Date of Employment \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

\$ N/A /  HR  WK  MO  YR \_\_\_\_\_  
 Basic Earnings Class Number (if applicable)

**I. EMPLOYEE/ENROLLEE INFORMATION**

Name \_\_\_\_\_ Sex  M  F

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

**II. BENEFITS (Please check if you wish to enroll)** *Please contact your HR representative with any questions*

	Yes	No	Indicate the benefit amount
Basic Employee Life and AD&D	X		\$15,000
Basic Dependent Life *			\$1,000
Employee Supplemental Life	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$100,000		
Spouse Supplemental Life *	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000		
Child Supplemental Life *	<input type="checkbox"/> \$10,000		

\*Employee's Dependent cannot be a VPSB employee or retiree. No dependent can be insured under more than one employee/retiree under the group policy.  
**List Dependents' names and birthdates (use another page if needed).**

Name	Relationship	Date of Birth	Name	Relationship	Date of Birth

**III. BENEFICIARY DESIGNATION**

**Primary Beneficiary:** The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

**Contingent Beneficiary:** The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

	NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP	% OF BENEFIT
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

**IV. SELECTION/WAIVER OF GROUP INSURANCE** (Only check one box below, and sign.)

- I, the undersigned, elect the insurance coverage which I selected above and for which I am eligible under the terms of the group policy or policies issued to the policyholder by Standard Life Insurance Company. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance **(Not applicable if the Policyholder pays 100% of the required contribution).**
- I, the undersigned, hereby waive my right at this time to elect the insurance coverage which I did not select above. I understand that if I do not enroll within 31 days of the date I am first eligible, that I will not be able to obtain coverage in the future without submitting satisfactory evidence of insurability (proof of good health) to Standard Life Insurance Company for approval. I also understand that Standard Life Insurance Company will have the right to refuse my request for insurance.

I designate the beneficiary(s) named on this form to receive any benefits payable in the event of my death. All information submitted by me on this form to the best of my knowledge and belief is true and complete.

\_\_\_\_\_  
Enrollee/Employee Signature

\_\_\_\_\_  
Date Signed

Group Benefits are insured by Standard Life Insurance Company.