



Request for Group Life Insurance

Name of Employee (last name first): _____ Date of Birth: _____
Male Female

Your UVM Annual Salary _____ Date of hire: _____

Social Security Number: _____

Do you have a spouse? Yes No # of Eligible Children to be insured _____

In accordance with terms of the Group Life Insurance Policy issued to my employer by Standard Life Insurance Company, I hereby request the issue of the following coverage:

Basic insurance to which I am entitled or to which I am become entitled at no cost to me: \$6,000

The Optional insurance (check one)

- \$50,000: or
2x annual base salary 3x annual base salary
4x annual base salary 5x annual base salary
6x annual base salary 7x annual base salary

Dependent Life Insurance (available provided the employee has also chosen optional life insurance:

Table with 4 columns: Spousal Coverage, Coverage for Child(ren), Name, Birthdates. Includes rows for None, \$20,000, 1/2 Employee Coverage and fields for Spouse Name and Spouse's Birthday.

Primary Beneficiary and Relationship

Name(s) _____
Address: _____

Contingent Beneficiary and Relationship

Name(s) _____
Address: _____

(For dependent insurance, the employee is automatically the beneficiary.)

I authorize the proper deductions from my earnings as my contribution toward the cost of the insurance I have elected above. Also, I understand that evidence of insurability satisfactory to The Standard Life Insurance Company will be required at my own expenses if at some later date I wish to apply for the optional insurance to which I am now entitled or to elect a higher insurance options. I designate the beneficiary shown to receive any death benefits which may become payable under the group policy.

Date: _____ Signature of Employee: _____