

Group Number 643197	Division <input type="checkbox"/> UA <input type="checkbox"/> UAH <input type="checkbox"/> UA System Office	Plan Administrator: Employee's Date of Employment
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Applying for Coverage Decline/Cancel Coverage Beneficiary Change *Complete Beneficiary Section below.* Date of change _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Your Address

City	State	ZIP	Phone Number
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Employer Name The University of Alabama System	Job Title/Occupation
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Voluntary AD&D – Coverage Amounts and Premiums

Please select one of the following coverage amounts for yourself or your family by checking the appropriate box.

Employee Only		Employee + Family Plan	
Coverage Amount	Monthly Deduction	Coverage Amount	Monthly Deduction
<input type="checkbox"/> \$25,000	\$0.35	<input type="checkbox"/> \$25,000	\$0.48
<input type="checkbox"/> \$50,000	\$0.70	<input type="checkbox"/> \$50,000	\$0.95
<input type="checkbox"/> \$75,000	\$1.05	<input type="checkbox"/> \$75,000	\$1.43
<input type="checkbox"/> \$100,000	\$1.40	<input type="checkbox"/> \$100,000	\$1.90
<input type="checkbox"/> \$125,000	\$1.75	<input type="checkbox"/> \$125,000	\$2.38
<input type="checkbox"/> \$150,000	\$2.10	<input type="checkbox"/> \$150,000	\$2.85
<input type="checkbox"/> \$175,000	\$2.45	<input type="checkbox"/> \$175,000	\$3.33
<input type="checkbox"/> \$200,000	\$2.80	<input type="checkbox"/> \$200,000	\$3.80
<input type="checkbox"/> \$225,000	\$3.15	<input type="checkbox"/> \$225,000	\$4.28
<input type="checkbox"/> \$250,000	\$3.50	<input type="checkbox"/> \$250,000	\$4.75
<input type="checkbox"/> \$275,000	\$3.85	<input type="checkbox"/> \$275,000	\$5.23
<input type="checkbox"/> \$300,000	\$4.20	<input type="checkbox"/> \$300,000	\$5.70
<input type="checkbox"/> \$325,000	\$4.55	<input type="checkbox"/> \$325,000	\$6.18
<input type="checkbox"/> \$350,000	\$4.90	<input type="checkbox"/> \$350,000	\$6.65
<input type="checkbox"/> \$375,000	\$5.25	<input type="checkbox"/> \$375,000	\$7.13
<input type="checkbox"/> \$400,000	\$5.60	<input type="checkbox"/> \$400,000	\$7.60
<input type="checkbox"/> \$425,000	\$5.95	<input type="checkbox"/> \$425,000	\$8.08
<input type="checkbox"/> \$450,000	\$6.30	<input type="checkbox"/> \$450,000	\$8.55
<input type="checkbox"/> \$475,000	\$6.65	<input type="checkbox"/> \$475,000	\$9.03
<input type="checkbox"/> \$500,000	\$7.00	<input type="checkbox"/> \$500,000	\$9.50

Beneficiary *This designation applies to Voluntary Accidental Death and Dismemberment (AD&D) Insurance available through your Employer. No designation is necessary for Voluntary AD&D Insurance for Dependents. Voluntary AD&D Insurance Benefits payable because of Loss of life or coma of a Dependent will be paid to you. Voluntary AD&D Beneficiary Designations are not valid unless signed, dated, and delivered to The Standard during your lifetime. See page 2 for further information.*

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my monthly deduction amount, if required, toward the cost of insurance. I understand that my monthly deduction amount will change if my coverage or costs change. If declining coverage, I understand that if I want to become insured later, The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above. Employee Signature Required _____ Date (Mo/Day/Yr) _____

Return original, completed form in the enclosed envelope to The Standard and retain a copy for your records.

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.