LIFE AND AD&D INSURANCE

CAPITAL UNIVERSITY
Basic Life Insurance Beneficiary and Voluntary Life/AD&D Enrollment Form

Your Name: (Last Name, First, Middle Initial)		Social Security Number _ _ _ - _ _ - _ _ _ _
Street Address	Gender ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY) _ _/_ _/_ _ _ _
City, State, Zip Code	Annual Salary	Effective Date (MM/DD/YYYY) _ _/_ _/_ _ _ _
Have you used any Tobacco Products in the last 12 months? ☐ Yes ☐ No		

Beneficiary Designation for Employer-Provided and Supplemental Life and AD&D

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. ***Even if you decline voluntary life coverage, you must complete the Beneficiary Designation section below because it designates your beneficiaries for your employer-provided life insurance policy.***

Beneficiary Information ***(A beneficiary for an employee's life insurance may be changed upon written request.)***

Beneficiary	Full Name	Address	Relationship	DOB	%
Primary					
Contingent					

Employee Supplemental Life and AD&D Insurance

You have the opportunity to enroll in Capital University's voluntary life and AD&D insurance plan. You may elect coverage in increments of $10,000, subject to a maximum of the lesser of 5 times earnings or $500,000. If you elect an amount that exceeds the guaranteed issue amount of $150,000, you will need to provide evidence of good health that is satisfactory to Mutual of Omaha before the excess can become effective. ***Even if you decline supplemental life coverage, you must complete the Beneficiary Designation section above because it designates your beneficiaries for your employer-provided life insurance policy***. Use the attached rate charts to determine the cost for supplemental coverage.*

☐ I elect to enroll in the Voluntary Life and AD&D plan in the amount of: ____________________ Amount of Insurance Requested ____________ Monthly Rate from Chart

☐ I decline the Voluntary Life and AD&D plan.

Spouse Voluntary Life and AD&D Insurance

You have the opportunity to enroll your spouse in the voluntary life and AD&D insurance plan. You may elect spouse coverage in increments of $5,000, subject to a maximum of the lesser of 100% of the employee coverage or $250,000. If you elect an amount that exceeds the guaranteed issue amount for spouses of $30,000, you will need to provide evidence of good health that is satisfactory to Mutual of Omaha before the excess can become effective.

☐ I elect to enroll in the Spouse Voluntary Life and AD&D plan in the amount of:

______________	______________
Amount of Insurance Requested	Monthly Rate from Chart

☐ I decline the Spouse Voluntary Life and AD&D plan.

Child(ren) Voluntary Life and AD&D Insurance

You have the opportunity to enroll your child(ren) in the voluntary life and AD&D Insurance plan.

☐ I elect to enroll in the Child(ren) Voluntary Life and AD&D plan in the amount of:

$10,000	$3.52
Amount of Insurance Requested	Monthly Rate from Chart

☐ I decline the Child(ren) Voluntary Life and AD&D plan.

Employee Confirmation

I have been given the opportunity to enroll in Capital University's Group Voluntary Life insurance plans. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Mutual of Omaha and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax bases for any voluntary coverage elected. I am not now disabled and I am performing all the duties of my occupation on a full-time basis. I am aware that if participation requirements are not met, this plan will not be implemented and the coverage elected will not be in force.

I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available at my request. I have read and understand the limitations and exclusions listed below. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

Please read this form carefully before signing below.

Employee Signature: ______________________________ **Date:** ____________________

Limitations and Exclusions

Delayed Effective Date:

Employee: Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

Dependents: Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer totally disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means that, as a result of an injury, sickness, or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

Exclusion for Suicide: Where the cause of death is suicide…

1. No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date of insurance; and
2. No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

* Please note your cost for supplemental life policies may change at the policy anniversary if your age category changes within the benefit plan year. Additionally benefit reductions begin when the employee turns age 70-please see the benefits administrator for more information.

Rev. 11/2017