

## GROUP LIFE INSURANCE ENROLLMENT CARD

**Please refer to the description of your plan for coverage options and amounts available to you**

Employee's Last Name,	First Name,	MI	Name of Employer <b>Woods Hole Oceanographic Inst.</b>	Group Policy No. <b>69198</b>
Employee's Address				
Social Security No.  ____-____-____	Date of Birth (MM-DD-YY)  ____-____-____	Date of Hire (MM-DD-YY)  ____-____-____	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Please mark the appropriate box according to your plan**

Type of Coverage:	<input type="checkbox"/> Basic Life (Non Contributory)	<input type="checkbox"/> Optional Supplemental Life (multiple of \$1000)	<input type="checkbox"/> Optional Spouse Life (multiple of \$5000)	<input type="checkbox"/> Optional Child (ren) Life
Enter Amount	<input type="radio"/> 1X Salary, or <input type="radio"/> \$50,000 (if less than 1X salary)			<input type="radio"/> \$2000 each <input type="radio"/> \$5000 each
Effective Date				

**EMPLOYEE'S DEPENDENT INFORMATION**

Dependent's Last Name	First Name	Middle Initial	Date of Birth (MM-DD-YY)	Relationship to Employee
			____-____-____	
			____-____-____	
			____-____-____	
			____-____-____	

**Designation of Beneficiary (NOTE: YOU are the beneficiary of any Dependent Life Insurance.)**

My Beneficiary's Name (Please Print)  
 Example: *Mary. A. Doe*, not *Mrs. J. Doe*

**PRIMARY**

First Name	MI	Last Name	Relationship to Employee	Share
_____	_____	_____	_____	_____
First Name	MI	Last Name	Relationship to Employee	Share
_____	_____	_____	_____	_____
First Name	MI	Last Name	Relationship to Employee	Share
_____	_____	_____	_____	_____

**CONTINGENT**

First Name	MI	Last Name	Relationship to Employee	Share
_____	_____	_____	_____	_____
First Name	MI	Last Name	Relationship to Employee	Share
_____	_____	_____	_____	_____
First Name	MI	Last Name	Relationship to Employee	Share
_____	_____	_____	_____	_____

If more than one beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living unless their shares are specified. If no designated beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided in the Group Policy.

I request to elect the coverages noted above for which I am or may become eligible, and authorize payroll deductions of the required contributions (if applicable). If I do not enroll for coverage within 31 days of my date of hire or within any specified enrollment period, I understand that I will need to provide proof of good health for all coverage amounts. I certify that information contained in this form is complete and accurate to the best of my knowledge and belief, and understand that my age is the basis for determining the cost of insurance rates.

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Important Notice**

- **Arkansas Residents** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **Colorado Residents** - It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regards to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- **Florida Resident** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- **Kentucky Residents** – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- **Maryland Residents** – Any person who knowingly gives false or deceptive information, when completing this application, for the purpose of defrauding the company may be found guilty of insurance fraud.
- **New Jersey Residents** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- **New York Residents** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **Ohio Residents** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **Pennsylvania Residents** – Any person who knowingly and with intent to defraud any insurance company or person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- **Tennessee Residents** – It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits

**FOR EMPLOYER'S USE ONLY**

DATE OF CHANGE			CHANGES OF BENEFICIARY			
			NEW BENEFICIARY DESIGNATED		RELATIONSHIP	

**ADDITIONAL INFORMATION:**

CHANGE AMOUNT OF INSURANCE										
	CHANGE 1		CHANGE 2		CHANGE 3		CHANGE 4		CHANGE 5	
COVERAGE	Eff. Date	Amount	Eff. Date	Amount	Eff. Date	Amount	Eff. Date	Amount	Eff. Date	Amount
SUPP. LIFE										
SPOUSE. LIFE										
CHILD LIFE										