

Group Life Insurance Change Form



Employee Information

Employee Name _____ Social Security Number _____

Change in Insurance

Reason for change in insurance Life Status Change Open Enrollment Cancel Coverage

Addition to Coverage

Marriage Birth/Adoption Domestic Partnership Other _____

Name of Individual Adding Coverage _____ Domestic Partnerships require a Domestic Partnership Agreement

First Name _____ Last Name _____ Date of Birth _____

Social Security Number _____ Relationship _____ Gender Female Male

Date of Marriage or Birth/Adoption _____ Documentation of marriage and birth/adoption is required

Deletion of Coverage

Divorce Cancel Coverage End of Domestic Partnership Other _____
Insurance amounts can be decreased at any time with no limit on the amount
Coverage can be canceled at any time.

Employee Supplemental Life Insurance (Coverage in addition to 2x the college provides)

1x salary 2x salary 3x salary 4x salary (requires evidence of insurability) Cancel

Supplemental life insurance can be increased in increments of 1x with a maximum of 3x only during **open enrollment** without evidence of insurability

Spouse/Domestic Partner Life Insurance Evidence of insurability required if more than 30 days of qualifying event

\$5,000 \$10,000 \$25,000 \$50,000 Cancel

Child Life Insurance *Up to age 26

\$5,000 \$10,000 \$15,000 Cancel

Voluntary AD&D (Employee must enroll in Voluntary AD&D coverage to elected dependent coverage)

Voluntary AD&D amounts can only be changed during **open enrollment**

Employee

\$25,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 \$175,000
 \$200,000 \$225,000 \$250,000 \$275,000 \$300,000 Cancel

Spouse/Domestic Partner (cannot exceed employee's AD&D coverage amount)

\$25,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 \$175,000
 \$200,000 \$225,000 \$250,000 Cancel

Child (cannot exceed employee's AD&D coverage amount)

\$5,000 \$10,000 \$15,000 \$20,000 \$25,000 Cancel

Authorization

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage. Note: Employee is automatically enroll for 2x base annual earnings, up to a maximum of \$500,000 (Basic Coverage).

Employee Signature _____ Date Signed _____