



The Standard™  
Positively Different.

## Enrollment and Change Form

Print Name (Last, First, Middle Initial) \_\_\_\_\_

Print Address \_\_\_\_\_

Print City, State, Zip \_\_\_\_\_

Print Telephone Number \_\_\_\_\_

Print E-mail Address \_\_\_\_\_

Print Social Security Number \_\_\_\_\_

Print Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Print Date of Enrollment (MM/DD/YYYY) \_\_\_\_\_

Print Date of Change (MM/DD/YYYY) \_\_\_\_\_

Print Date of Termination (MM/DD/YYYY) \_\_\_\_\_

Print Date of Renewal (MM/DD/YYYY) \_\_\_\_\_

Print Date of Cancellation (MM/DD/YYYY) \_\_\_\_\_

Print Date of Reinstatement (MM/DD/YYYY) \_\_\_\_\_

Print Date of Conversion (MM/DD/YYYY) \_\_\_\_\_

Print Date of Portability (MM/DD/YYYY) \_\_\_\_\_

Print Date of Continuation (MM/DD/YYYY) \_\_\_\_\_

Print Date of Election (MM/DD/YYYY) \_\_\_\_\_

Print Date of Withdrawal (MM/DD/YYYY) \_\_\_\_\_

Print Date of Resignation (MM/DD/YYYY) \_\_\_\_\_

Print Date of Rejection (MM/DD/YYYY) \_\_\_\_\_

Print Date of Appeal (MM/DD/YYYY) \_\_\_\_\_

Print Date of Review (MM/DD/YYYY) \_\_\_\_\_

Print Date of Hearing (MM/DD/YYYY) \_\_\_\_\_

Print Date of Decision (MM/DD/YYYY) \_\_\_\_\_

Print Date of Final Order (MM/DD/YYYY) \_\_\_\_\_

Print Date of Exhaustion (MM/DD/YYYY) \_\_\_\_\_

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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:

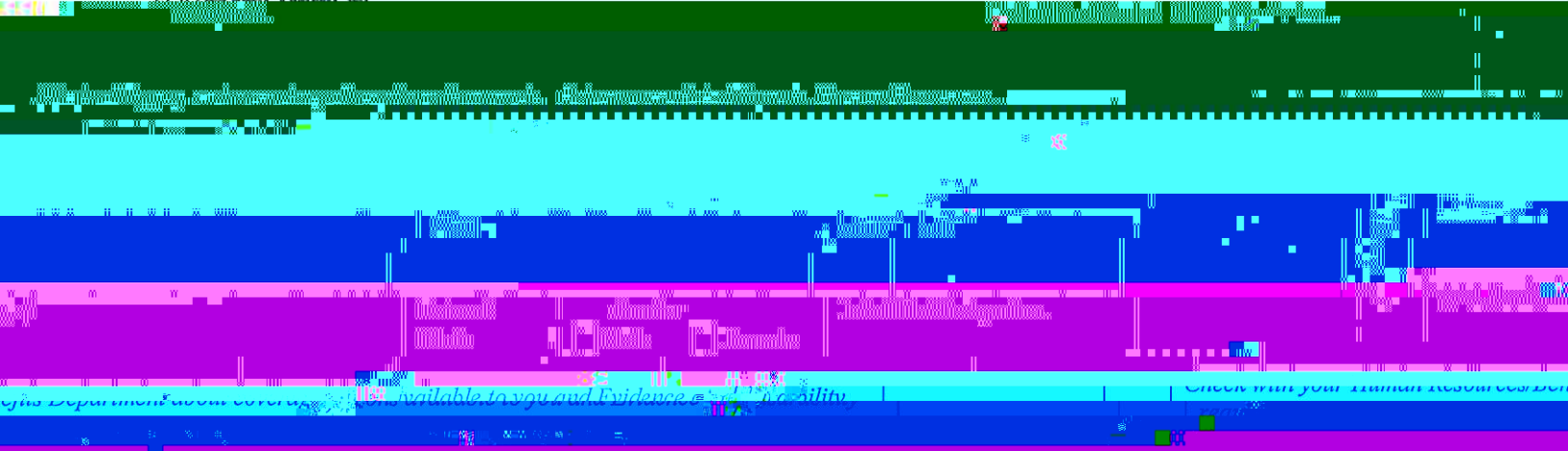
1. Two or more Beneficiaries will share equally, unless you provide for unequal shares.

2. If you name one Beneficiary in a class and two or more Beneficiaries in that class

### 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:

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



Spouse/Child Taxes \$10,000/\$4,000

DOB

IRA (Increments of \$500/\$1,000)

Use any "ring" only when you wish to make a

Complete all boxes and sections

Use any "ring" only when you wish to make a

Complete all boxes and sections

Use any "ring" only when you wish to make a

Complete all boxes and sections