



Beneficiary/Enrollment Form

Applicant	Your Name (Last, First, Middle)		Group Name WELLESLEY COLLEGE		Group Number(s) 137951																									
	Your Address			City		State	Zip Code																							
	Your Soc. Sec. #	Date of Birth		LTD Class	Male <input type="checkbox"/>	Female <input type="checkbox"/>																								
	Salary	Hrs. Worked Per Wk.	Date of Hire/Rehire	Job Title/ Occupation																										
LIFE	<p>LIFE INSURANCE <input checked="" type="checkbox"/> Basic Life (Employer Paid) ADDITIONAL LIFE <input type="checkbox"/> Additional Life (100% Employee Paid) Your Requested Amount : <input type="checkbox"/> 1x Annual Earnings <input type="checkbox"/> 1.5x Annual Earnings <input type="checkbox"/> 2x Annual Earnings *</p> <p>(*Proof of good health is required for (1) any Increase in coverage, (2) late entrants to the plan or (3) an election of 2.0 x Annual Earnings.) Please complete Medical History Statement.</p> <p>Additional Life Rates</p> <table border="0"> <thead> <tr> <th><u>Age:</u></th> <th><u>Monthly Rates per \$1,000</u></th> </tr> </thead> <tbody> <tr><td>< = 25</td><td>0.055</td></tr> <tr><td>25 - 29</td><td>0.066</td></tr> <tr><td>30 - 34</td><td>0.088</td></tr> <tr><td>35 - 39</td><td>0.099</td></tr> <tr><td>40 - 44</td><td>0.109</td></tr> <tr><td>45 - 49</td><td>0.164</td></tr> <tr><td>50 - 54</td><td>0.252</td></tr> <tr><td>55 - 59</td><td>0.472</td></tr> <tr><td>60 - 64</td><td>0.724</td></tr> <tr><td>65 - 69</td><td>1.800</td></tr> <tr><td>70 +</td><td>3.435</td></tr> </tbody> </table> <p>Employee Example: <i>41 year old, employee making \$42,000 would like to elect 1 x salary.</i> $\\$42,000 \times 1 = \\$42,000$ $\\$42,000 / \\$1,000 = 42 \times 0.109(\text{rate}) = \\4.58 Monthly</p> <p>To calculate your cost:</p> <ol style="list-style-type: none"> Multiply your annual earnings (\$ _____) by benefit amount chosen (1, 1 ½ or 2x) = \$ _____ If the amount in Step 1 is not a multiple of \$1,000, round it up to the next \$1,000 = \$ _____ Divide the amount in Step 2 by 1,000 = _____ Multiply the amount in Step 3 by your age rate (see chart above) = \$ _____ This is your monthly premium amount. 						<u>Age:</u>	<u>Monthly Rates per \$1,000</u>	< = 25	0.055	25 - 29	0.066	30 - 34	0.088	35 - 39	0.099	40 - 44	0.109	45 - 49	0.164	50 - 54	0.252	55 - 59	0.472	60 - 64	0.724	65 - 69	1.800	70 +	3.435
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Change	Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes that apply.																													
	<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change		<input type="checkbox"/> Other																									
Former Name _____																														

Beneficiary	<i>This designation applies to Life/ Life with AD&D Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information</i>				
	Primary- Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
	Contingent- Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Member/Employee Signature Required				Date (Mo/Day/Yr)	

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 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. Of you have any questions, consult your legal advisor