Reset

Standard Insurance Company

**Enrollment and Change**

***Please return your completed form to:***

DiMartino Associates
1325 Fourth Ave., Suite 1705
Seattle, WA 98101
Fax: 206.812.7555
laura@dimarinc.com

**Plan 2: Basic Life/AD&D, Dependents Life and LTD**

## To Be Completed By Applicant

☐ Apply for Coverage ☐ Add or ☐ Delete Dependent Date of add/delete _____

☐ Beneficiary Change ***Complete Beneficiary Section below.*** ☐ Name Change ☐ Address Change

| | | | |
|---|---|---|---|
| Your Name (Last, First, Middle) | | Your Social Security Number | |
| Birth Date | ☐ Male ☐ Female | Email Address | |
| Your Address | | City / State / ZIP | |
| Former Name (Last, First, Middle) *Complete only if name change* | | Phone Number | |
| Job Title/Occupation | Job Duties | | |
| Policyholder **Washington State Council of Fire Fighters** | | Group Number **771100** | |
| Employer Name **Local 726** | | Local Number **726** | Admin Unit **18** |
| Date of Employment | Hours Worked Per Week | Monthly Earnings $_____ | |

Coverage
**Plan 2: Basic Life/AD&D, Dependents Life and LTD**

**Beneficiary** ***This designation applies to your Life and Accidental Death and Dismemberment Insurance available through your Employer. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.***

| Primary – Full Name | Address | Birth Date | Phone No. | Soc. Sec. No. *if known* | Relationship | % of Benefit* |
|---|---|---|---|---|---|---|
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| Contingent – Full Name | Address | Birth Date | Phone No. | Soc. Sec. No. *if known* | Relationship | % of Benefit* |
|---|---|---|---|---|---|---|
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***Total must equal 100%***

**Signature** I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

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). 2 of 2
- If you name two or more Beneficiaries in a class:

  1. Two or more surviving 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. If you have any questions, consult your legal advisor.

- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

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