

Standard Insurance Company

PO Box 4744 Portland OR 97208
Tel 800.522.0406 Fax 886.414.0393

Enrollment for School District
Group Disability Insurance

Sign and date the completed form and return it to your Employer. If you have questions about completing this form please contact your Employer.

FIRST NAME		MIDDLE INITIAL	SIC USE ONLY	GROUP NO.
LAST NAME				
HOME MAILING ADDRESS				
CITY			STATE	ZIP
HOME PHONE	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CONTRACT SALARY \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
SCHOOL DISTRICT				
BUILDING / WORK SITE			DATE FIRST EMPLOYED (CURRENT SCHOOL DISTRICT)	
STATUS <input type="checkbox"/> Certificated <input type="checkbox"/> Classified	HRS WORKED PER WEEK	PAYROLL MODE <input type="checkbox"/> 12thly <input type="checkbox"/> 10thly <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		

DISABILITY COVERAGE

Employer Paid • Disability Insurance	PLAN ID
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BENEFICIARY DESIGNATION

You may use this form to designate beneficiary(ies) for the Accidental Death & Dismemberment insurance and Survivors Benefit that is associated with your Disability insurance coverage. Designations are not valid unless signed, dated, and delivered to your Employer during your lifetime. If you name more than two primary or contingent Beneficiaries, please attach a separate sheet of paper. See page 2 for further information.

Beneficiary designation for Disability Insurance Survivors Benefit

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

Beneficiary designation for Accidental Death and Dismemberment Insurance associated with your Disability Insurance

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

SIGNATURE REQUIRED

Signature _____ Date _____

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries
- If you name two or more Beneficiaries in a class (primary or contingent) two or more surviving Beneficiaries will share equally unless you provide for unequal shares. If you complete the “% of Benefit” box(es) the amounts should add up to 100% for each class (primary or contingent). For example “Primary - John Q. Doe. 60% Jane Q. Doe. 40%.
- 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 questions consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under the Group Policy.
- If you currently have a Beneficiary designation on file with your plan administrator for Life coverage under Standard’s Group Policy, that designation will also apply to any approved Additional / Optional Life or other coverage increase. If you have no Beneficiary designation on file or wish to change the name of the current designee, contact The Standard at 800.522.0406