Standard Insurance Company

Enrollment and Change

Group Number 648725	Classification Active Employe	ees	Date of Emplo	oyment		Effective	Date of Eligibi	hty
Fo Be Completed By Applica	ant 🗌 Initial Enrol	Iment App Coverage Chan	bly for Coverag ge Date	e 🗌 Ben of change	eficiary Chang	ge Comple	ete Beneficiary	Section below.
Your Name (Last, First, Middle) Your			ocial Security Number Birth [itc		🗌 Male 🗌 Female	
Your Mailing Address			City		State /	Territory		ZIP
Employer Name Government of Guam					Phone	Phone Number		
Do you work 20 hours or more?	Job Title/Occup:	Occupation			Agency/Department Number			
Coverage Check with your Human Basic Life Insurance Basic L Additional Life Insurance You may choose one of the followin Additional/Optional Life with A \$30,000 \$35,000 \$80,000 \$\$5,000 Decline Additional/Optional Life Dependents Life Insurance Spouse Life \$10,000 / Child(rer Beneficiary This designation app Separate beneficiaries may be sele of legal age) is a beneficiary, pleas valid unless signed, dated, and del Life Plan Primary - Full Name	ife with AD&D \$10,0 g options for yourse, D&D (Employee Pa \$40,000 \$45,0 \$90,000 \$95,0 fe with AD&D Decline Spouse Life h) Life \$8,000 (Emplo blies to Basic Life with cted for each covera, se include the name,	000 (Employer id) (See Covera id) (See Covera 000 □ \$50,000 000 □ \$100,00 / Child(ren) Li oyee Paid) (See th AD&D or A ge. Check the o address and pl per during your	Paid) ge Highlights D D \$55,000 D0 S \$105,0 fe Coverage Hi dditional Life appropriate b none number lifetime. See	s for bi-wee \$60,00 00 \$11 splights fo Insurance ox below for of the min	ekly age-band 00	ded prem 00 [] \$ 15,000 premium ficiary. n, if any prmation	nium rates) 570,000 () 570,000 () 570,0	675,000) er, if any. 1 person no
Basic Add'1 Basic Add'1 Basic Add'1 Basic Add'1 Basic Add'1 Basic Add'1 Basic								
Add'1Life Plan Contingent - Full Name	Mailing Ad	dimes	Phon	e Number	Soc. Sec. No./		Relationship	% of Benefi
Basic Add'l Basic Add'l Basic Add'l Basic Add'l								
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