

**To Be Completed By Human Resources**

Group Number <b>648725</b>	Employer Name <b>Government of Guam</b>	Classification <b>Active Employees</b>	Date of Employment	Effective Date of Eligibility
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**To Be Completed By Applicant**  Initial Enrollment  Apply for Coverage  Coverage Change Date of change \_\_\_\_\_  
 Beneficiary Change *Complete Beneficiary Section below.*

Your Name (Last, First, Middle)		Your Social Security Number	Birth Date	Gender
Your Mailing Address			City	State / Territory
Do you work 20 hours or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title/Occupation	Phone Number	Agency/Department Number

**Coverage Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.**

**Basic Life Insurance**  Basic Life with AD&D \$10,000 (Employer Paid)

**Additional/Optional Life Insurance**  Decline Additional/Optional Life with AD&D

*You may choose one of the following options for yourself:*

- Additional/Optional Life with AD&D (Employee Paid) (See Coverage Highlights for bi-weekly age-banded premium rates)
- \$30,000  \$35,000  \$40,000  \$45,000  \$50,000  \$55,000  \$60,000  \$65,000  \$70,000  \$75,000
  - \$80,000  \$85,000  \$90,000  \$95,000  \$100,000  \$105,000  \$110,000  \$115,000  \$120,000
  - \$125,000  \$130,000

**Dependents Life Insurance**  Decline Spouse Life / Child(ren) Life

Spouse Life \$10,000 / Child(ren) Life \$8,000 (Employee Paid) (See Coverage Highlights for bi-weekly premiums)

**Beneficiary** *This designation applies to Basic Life with AD&D or Additional Life Insurance available through your Employer, if any. Separate beneficiaries may be selected for each coverage. Check the appropriate box below for each beneficiary. If a minor (a person not of legal age) is a beneficiary, please include the name, address and phone number of the minor's guardian, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.*

Life Plan	Primary - Full Name	Mailing Address	Phone Number	Soc. Sec. No./DOB	Relationship	% of Benefit*
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						

  

Life Plan	Contingent - Full Name	Mailing Address	Phone Number	Soc. Sec. No./DOB	Relationship	% of Benefit*
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						

**\*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. If declining coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above.

Member/Employee Signature Required \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

EMPLOYER USE ONLY		AUDIT PURPOSE ONLY		
Validated GovGuam/The Standard Agent	Date	Audit Date	Pay Period	Amount Deducted

**Premium Rate**  Composite Rate  Age-Banded Rate

Distribution: White – The Standard Canary – Personnel Pink – Payroll Golden – Employee

## 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 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.