

Employee Signature

Date

Group No. 3874

## **Enrollment Form**

□ New Hire

□ Name Change

						Beneral	ficiary	<u>Change</u>	)
Social Securit	y #	Employer:							
$\top$			Utica C	ollege					
Employee Nerse:	(Loot First Middle)		Date of Birth Gender					loto of I	liro
Employee Name: (Last, First, Middle)			Month	ate of Bil	rth Year	Gender M	<u> </u>		
			IVIOTILIT	Day	i eai	F	IVIOTILITI	Day	i eai
Annual Salary	-	Occupation							
· · · · · · · · · · · · · · · · · · ·									
		Class:	1		2				
	Enr	olling for the f	ollowir	ia cov	erage				
Life/Accidental	Death Personal Los	•		5					
Beneficiary Des	a <b>gnation</b> nat your beneficiary de	signation he clear s	o that the	re will be	2 NO OI 2	stion as t	to vour m	neaning	lt is
•	t you name a primary	-			-		-	_	
•	•	•	•		0.		•	•	
	dress, relationship an	-				-			-
	ge, insert the words, "				contact I	⊣uman R	esource	es or you	rown
iegai counsel. Fol	llowing are examples		n designa	ations:					
	Mary J. Doe, Wife (no	•							
	Mary J. Doe, Wife, if li	ving, otherwise to J	oseph W.	Doe, So	n.				
	Mary J. Doe, Wife, if li	ving, otherwise to J	ane Doe,	Daughte	r and Jo	seph Do	e, Son, i	n equal	
S	hares or to the survivo	0.	•	ŭ		•	•	•	
_	Estate of the Insured								
if you name more	than one beneficiary w	vith upoqual charoc	nloaco	show tho	amount	ofineur	neo to h	o poid to	
-	-	•	-					-	,
each beneficiary if	n fractional parts, for ex			otner and	u 2/3 to E	aith Jon	es, wiie.	•	
	Full Name	Add	dress		Relati	onship	Date	of Birth	%
Primary									
Contingent									
The beneficiary fo	r life insurance on the	lives of your spouse	and chil	dren will	automat	icallv be	vou. if su	ırvivina.	
-	te of the spouse and c					-	-	_	surance
	upon written request.	maron, cabject to p	oney pro	7010110. 7	1 5 0 110 110	siary for c	mpioyo	00 2/10 //	iourumoc
may be enanged t	ipon whiten request.								
Employee State	ment - Electing Co	verage							
	the effective date of my	_	must moot	each of t	he follow	ina conditi	nne · (a) I	must he	actively a
	form all duties of my occ								
· · · · · · · · · · · · · · · · · · ·	some other location to wh			_			-	-	
	tify that I meet each of th					. ,		-	
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omployer to make de	ductions from my earning	go, ii continuutono ale	requireu.						
		Certified	İ						
Employee Signat	uro Doto			or Ponra	oontot:	<u></u>		Doto	_
Employee Signat	ure Date		⊏mpioy	er Repre	sentativ	<del>'</del> E		Date	
Employee State	ment - Waiving \$70.	000Coverage and	d Reduci	na to \$!	50.000				
		•		•	•				
•	I have been given an opp			-		•			
	ind I wish to reduce that a					sire to par	ticipate at	the \$70,0	000 level
at a later time I must	furnish evidence of insu	rability satisfactory to	the insura	nce carrie	r.				
			_						
		Certified	l						_

Employer Representative

Date