

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name and No. Rhode Island Interlocal Risk Management Trust - 643931		Employer	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation	

LIFE	<p><i>Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.</i></p> <p>Life Insurance</p> <p> <input type="checkbox"/> Basic Life Employer Paid <input type="checkbox"/> Basic Life with AD&D Employer Paid </p> <p>Amount of coverage offered by your employer \$ _____</p> <p>Additional Life – You may select an amount equal to 1, 2, or 3 times your annual salary or in increments of \$10,000 (either amount not to exceed \$350,000). Note: Amounts greater than 1 times salary, or \$75,000, whichever is less, will require evidence of insurability.</p> <p> <input type="checkbox"/> Additional Life Your requested amount \$ _____ If multiple of salary, please check: <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x </p> <p>Dependents Life Insurance</p> <p> <input type="checkbox"/> Spouse requested amount – If your entity allows a different amount of coverage other than \$10,000 or \$20,000, please indicate by checking the box marked “Other” and filling in the amount.</p> <p> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> Other \$ _____ </p> <p>Spouse Name _____ Date of Birth _____</p> <p> <input type="checkbox"/> Children requested amount – If your entity allows a different amount of coverage other than \$2,500 or \$5,000, please indicate by checking the box marked “Other” and filling in the amount.</p> <p> <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____ </p>					
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BENEFICIARY	<p><i>This designation applies to Life/Life with AD&D Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.</i></p>					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit

CHANGE	<p><i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i></p> <p> <input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Name Change <input type="checkbox"/> Beneficiary Change </p> <p> Date of add/delete _____ Former name _____ <input type="checkbox"/> Other _____ </p>					
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SIGNATURE	<p>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.</p>					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	

Human Resources Department - Complete this section. Retain form for your records.					
Effective Date of Coverage	Class Description	Date of Hire/Rehire	Hrs. Worked Per Wk.	Annual Earnings \$ _____	Date of Retirement

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.