

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 Kentucky Community and Technical College System		Group Number(s) 134892																																																	
	Your Address			City	State	ZIP																																																
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation																																																	
	Employee ID No.	Date of Hire	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr																																																			
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 <input checked="" type="checkbox"/> Life with AD&D Employer Paid</p> <p>Additional/Optional Life <input type="checkbox"/> Additional/Optional Life with AD&D Your requested amount <input type="checkbox"/> 1x Annual Earnings <input type="checkbox"/> 4x Annual Earnings <input type="checkbox"/> 2x Annual Earnings <input type="checkbox"/> 5x Annual Earnings <input type="checkbox"/> 3x Annual Earnings</p> <p>Dependents Life Insurance Spouse / Children Requested Amounts <input type="checkbox"/> Option 1: Spouse \$10,000 / Child \$5,000 <input type="checkbox"/> Option 2: Spouse \$5,000 / Child \$3,000 <input type="checkbox"/> Option 3: Spouse \$5,000 / No Child Coverage <input type="checkbox"/> Option 4: Spouse \$10,000 / No Child Coverage <input type="checkbox"/> Option 5: No Spouse Coverage / Child \$5,000 Spouse Name _____ Date of Birth _____</p>																																																					
	<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> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Primary - Full Name</th> <th style="width:30%;">Address</th> <th style="width:15%;">Soc. Sec. No.</th> <th style="width:10%;">Relationship</th> <th style="width:10%;">% of Benefit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Contingent - Full Name</th> <th style="width:30%;">Address</th> <th style="width:15%;">Soc. Sec. No.</th> <th style="width:10%;">Relationship</th> <th style="width:10%;">% of Benefit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit																					Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit																			
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BENEFICIARY	<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"/> Beneficiary Change <i>Complete Beneficiary Section above.</i> <input type="checkbox"/> Add/Change Additional/Optional Coverage Date _____ <input type="checkbox"/> Add/Change Dependent Coverage Date _____ <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change Former Name _____ <input type="checkbox"/> Other _____</p>																																																					
	<p><i>Use this section only when you wish to terminate coverage after insurance becomes effective. Complete all boxes and sections that apply.</i></p> <p><input type="checkbox"/> Terminate Additional/Optional Coverage Date _____ <input type="checkbox"/> Terminate Dependent Coverage Date _____</p>																																																					
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)																																																		

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.