

ENROLLMENT • CHANGE FORM

| GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper) | | | | |
|--|--------------------------------------|--------------------|----------|--------|
| Name of Group Customer/Employer Old Dominion University Research Foundation | Group Customer # 104994 | Report # 104994 | Sub Code | Branch |
| Date of Hire (MM/DD/YYYY) | Coverage Effective Date (MM/DD/YYYY) | | | |

| YOUR ENROLLMENT INFORMATION (To be Completed by the Employee) | | | |
|---|---------------|--|--|
| Name (First, Middle, Last) | | Social Security # - - | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address (Street, City, State, Zip Code) | | Date of Birth (MM/DD/YYYY) | |
| Phone # | Email Address | <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter date (MM/DD/YYYY) | |

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that no contributions are required for Basic Life, Basic AD&D, and the Long Term Benefits. I understand that contributions are required for the benefits I select below.

▶ If you are enrolling during the initial enrollment period, you must complete a Statement of Health form:

- If you are enrolling for Supplemental/Optional Life Insurance and requesting more than \$140,000
- If you are enrolling for Dependent Spouse Life Insurance and requesting more than \$25,000

If you are enrolling after the initial enrollment period, you must also complete a Statement of Health form for all amounts you are requesting.

| Term Life Insurance |
|--|
| <input checked="" type="checkbox"/> Basic Life ¹ <input type="checkbox"/> Supplemental/Optional Life ¹ Enter a multiple of \$10,000 up to a maximum of the lesser of 5x your Basic Annual Earnings or \$500,000. \$ _____ <input type="checkbox"/> Dependent Spouse Life ^{1,2} Enter a multiple of \$5,000 up to a maximum of \$250,000. \$ _____ <input type="checkbox"/> |

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

