



Standard Insurance Company
 Tallahassee Community College
 Group Policy #169468

Retiree Enrollment and Change Form

Group Number	Divison
169468	Retirees

Please check below type of coverage or change:

Apply for Coverage Name Change Former Name:

Add Dependent Delete Dependent Effective Date for Add/Delete:

Beneficiary Change (Must Complete Beneficiary Section)

Last Name	First Name	Social Security Number	Birth Date	Female/Male
Address	City	State	Zip Code	
Phone Number	Email Address	Employer Name		

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence of Insurability requirements.

Retiree Life Insurance

Coverage Amount / Monthly Premium Cost: Please select coverage amount. (If you currently do not have life insurance with Guardian, you cannot elect life insurance now)

- \$5,000 / \$11.80
- \$10,000 / \$23.60
- \$15,000/\$35.40
- \$20,000/\$47.20
- \$25,000/\$59.00

Last Name, First Name:

Dental Insurance (Standard – Administered by Ameritas Corp)

	Retiree Only	Retiree +1 Dependent	Retiree +2 (or more)
Option 1: Low Plan \$17.50	<input type="checkbox"/>	\$33.50 <input type="checkbox"/>	\$61.50 <input type="checkbox"/>
Option 2: High Plan \$24.90	<input type="checkbox"/>	\$47.90 <input type="checkbox"/>	\$81.90 <input type="checkbox"/>

Vision Insurance (Standard – VSP Network)

Retiree \$4.99 <input type="checkbox"/>	Retiree + Spouse \$8.40 <input type="checkbox"/>	Retiree + Children \$8.57 <input type="checkbox"/>	Retiree + Family \$13.56 <input type="checkbox"/>
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List dependents to enroll or drop for Dental and/or Vision Care.

Last Name, First Name	Spouse or Child	Dental		Vision		Gender		Date of Birth
		Add	Drop	Add	Drop	F	M	

Beneficiary Designation:

This designation applies to your Life. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary Full Name	Address	DOB	Phone No.	SSN (if known)	Relationship	% of Benefit

Contingent Full Name	Address	DOB	Phone No.	SSN (if known)	Relationship	% of Benefit

Last Name, First Name:

Signature

I wish to make the choices indicated on this form. If electing coverage, I understand that all premium payments are my responsibility and will be paid timely each month. I understand that my premium amount will change if my coverage or costs change. I represent that the statements contained herein are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Signature of Applicant (Member/Employee)

Date

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:
 - ❖ Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 - ❖ 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.
 - ❖ 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 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.