

**Reliance Standard Life Insurance Company
Supplemental Life & Voluntary AD&D Enrollment Form**

Name of Employer Central Washington Public Utilities Unified Insurance Program Trust		Location/Division 01		Bill Group 000001
Policy # and Class # GL166100 / 01 - 04	Policy # and Class # VAR210452 / 01 - 04	Policy # and Class #	Policy # and Class #	Policy # and Class #

Application Type: Initial Eligibility/New Hire Late Applicant Other _____
 Increase Approved Annual Enrollment
 Change in Status: Nature of Change(s): _____

Date of Change: _____
 If marriage, domestic partnership, divorce, dissolution of a partnership or birth of a child, please provide copy of document.

Employee/Member Information – Always Complete

Submit Completed Enrollment Form and Submit to CWPU Benefits Contact	Name			Social Security Number/Employee ID		
	Gender	Date of Birth	Age	State of Birth	Date of Hire	
	Address			City	State	Zip
	Phone Number	Occupation	Annual Compensation	Hours Worked Per Week		
	Email Address					

Are you actively performing all the duties of your occupation or profession? Yes No

If "No," explain: _____

**Spouse Information – Complete Only If Applying for Spouse Coverage
("Spouse" includes domestic partner.)**

Spouse Name	Gender	Date of Birth	Age	State of Birth
Address	City	State	Zip	

Coverage Elected and Amounts

Coverage	Enroll or Decline ¹	Current Amount	Increase or Decrease	Total Amount Applied For	Monthly Premium
Group Term Supplemental Life Employee	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline			\$ _____	See Premium Table
Group Term Life: Spouse	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline			\$ _____	See Premium Table
Group Term Life: Dep. Children	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline			\$ _____	See Premium Table
Voluntary AD&D: Employee	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline			\$ _____	See Premium Table
Voluntary AD&D: Spouse	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline			\$ _____	See Premium Table
Voluntary AD&D: Dep. Child(ren)	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline			\$ _____	See Premium Table

Read, Sign and Date Below

I understand and agree that:

- I, the undersigned, elect the insurance coverage which I selected above and for which I am eligible under the terms of the group policy or policies issued to the policyholder by Reliance Standard Life Insurance Company. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance (Not applicable if the Policyholder pays 100% of the required contribution).
- I, the undersigned, hereby waive my right at this time to elect the insurance coverage which I did not select above. I understand that if I do not enroll within 31 days of the date I am first eligible, that I will not be able to obtain coverage until next benefits open enrollment without submitting satisfactory evidence of insurability (proof of good health) to Reliance Standard Life Insurance Company for approval. I also understand that Reliance Standard Life Insurance Company will have the right to refuse my request for insurance.

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Employee's/Member's Signature	Date