



**Spouse/Partner Optional Life Insurance** - If applicable, you can enroll your spouse/partner in life insurance with benefit levels that range from \$10,000 to \$500,000. The guarantee issue amount is \$30,000 for spouse/partner's of active employees. **A medical history statement is required for amounts over the \$30,000 guarantee issue amount.** You must enroll in Employee Optional Life to enroll your spouse in this coverage and the value of this plan cannot exceed the value of your coverage.

**New Hire Options:**

(Check one box only)

- Guarantee Issue - \$30,000 or less. If less, enter amount \$ \_\_\_\_\_
- Enroll in additional life insurance-  
Total requested amount \$ \_\_\_\_\_ (includes guarantee issue)

**Open Enrollment / Qualified Status Change Options :**

(Check one box only)

- Enroll - Total requested amount \$ \_\_\_\_\_
- Change coverage from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ TOTAL
- Cancel coverage

**Child Optional Life Insurance** - If applicable, you can enroll your child(ren) in life insurance with benefit levels that range from \$2,000 to \$10,000. All amounts are guarantee issue. You must enroll in Employee Optional Life to enroll your child(ren) in this coverage and the amount of Child Optional Life cannot exceed the amount of Employee Optional Life.

**Options:**

(Check one box only)

- Enroll in coverage -  \$2,000  \$4,000  \$6,000  \$10,000
- Change coverage from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
  - Cancel coverage

**SECTION D - OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT ELECTIONS**

**Employee Optional Accidental Death and Dismemberment** - If applicable, you can enroll in Employee Optional AD&D with benefit levels ranging from \$10,000 to \$500,000, in increments of \$10,000. All amounts are guarantee issue.

**Options:**

(Check one box only)

- Enroll in coverage in the amount of \$ \_\_\_\_\_
- Change coverage from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- Cancel coverage

**Spouse/Partner Optional Accidental Death and Dismemberment** - If applicable, you can enroll your spouse/partner in Spouse/Partner Optional AD&D with benefit levels ranging from \$10,000 to \$500,000, in increments of \$10,000. The value of the spouse/partner's plan cannot exceed the value of your coverage. All amounts are guarantee issue.

**Options:**

(Check one box only)

- Enroll in coverage in the amount of \$ \_\_\_\_\_
- Change coverage from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- Cancel coverage

**Child Optional Accidental Death and Dismemberment** - If applicable, you can enroll your child(ren) in Child Optional AD&D if you enroll in Employee Optional AD&D. Coverage is available in increments of \$2,000 to a maximum of \$10,000 per child. All amounts are guarantee issue.

**Open Enrollment Options:**

(Check one box only)

- Enroll in coverage -  \$2,000  \$4,000  \$6,000  \$10,000
- Change coverage from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
  - Cancel coverage

**SECTION E - MANDATORY SHORT TERM DISABILITY AND MANDATORY LONG TERM DISABILITY**

**Mandatory Short Term Disability** - If applicable, your Educational Entity will automatically enroll you in this coverage. Coverage level is determined by your Educational Entity and/or employment group. If you have questions about this coverage, please check with your Educational Entity.

**Mandatory Long Term Disability** - If applicable, your Educational Entity will automatically enroll you in this coverage. Coverage level is determined by your Educational Entity and/or employment group. If you have questions about this coverage, please check with your Educational Entity.

**SECTION F - VOLUNTARY SHORT TERM DISABILITY AND VOLUNTARY LONG TERM DISABILITY**

**Voluntary Short Term Disability** - If applicable, you can enroll in a Voluntary Short Term Disability plan. The plan is determined by your Educational Entity and/or employment group. If you have questions about this plan, please check with your Educational Entity.

**Voluntary Long Term Disability** - If applicable, you can enroll in a Voluntary Long Term Disability plan. The plan is determined by your Educational Entity and/or employment group. If you have questions about this plan, please check with your Educational Entity.

**Options:**

(Check one box only)

- Enroll in Voluntary STD plan
- Cancel coverage

**Options:**

(Check one box only)

- Enroll in Voluntary LTD plan
- Cancel coverage

**SECTION G - BENEFICIARY DESIGNATION**

Select one:

- I elect the standard designation with no beneficiaries listed. (Creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths or adoptions within your family as established by Oregon law.)
- I designate the following beneficiary (ies). Attach additional sheets if necessary.

Name of Beneficiary or Trust	DOB	Relationship	Primary or Contingent	Percentage
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	

**SECTION H - EMPLOYEE SIGNATURE AND AUTHORIZATION**

I declare that the individuals listed on the enrollment form and I are eligible for the coverage requested. I understand the elections I made are in effect, pending approval by The Standard Insurance Company (if required), as long as I continue to meet my Educational Entity's eligibility requirements or until I elect to change them subject to the terms of OEGB's plan eligibility requirements or until I elect to change them subject to the terms of OEGB's plan. I have read the benefit materials and I understand the limitations and qualifications of the OEGB life and disability benefits program. If applicable, I authorize my Educational Entity to deduct in advance each month from any earned or accrued wages due to me, such amount deduct in advance each month from any earned or accrued wages due to me, such amount as is necessary to pay the premium rates for the coverage I elected.

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination or enrollment, denial of future enrollment, or civil damages.

This form supersedes all forms and submissions I previously made for OEGB coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that they are subject to penalty for perjury.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

"Educational Entity Use Only"

Approved by (initials): \_\_\_\_\_ Approved change effective date: \_\_\_\_\_  
 Date: \_\_\_\_\_ MyOEGB updated by (initials): \_\_\_\_\_