

**Mark all boxes and complete all sections that apply. Return completed form to:  
Norvest Financial Services, 930 Albany Shaker Rd, Latham, NY 12110.**

**For questions about the coverage options available to you and any Evidence Of Insurability requirements, please call  
Norvest at 1-888-869-8252.**

<b>APPLICANT</b>	Your Name (Last, First, Middle)		Group Name <b>Monroe County</b>		Group Number(s) <b>647570</b>	Your Soc. Sec. No.	
	Your Address		City	State	ZIP	Phone Number	Date of Birth
<input type="checkbox"/> Male	Date of Hire/Rehire	Annual Earnings	Hrs. Worked Per Wk.	Employee No.	Job Title/Occupation		
<input type="checkbox"/> Female		\$					
<b>LIFE</b>	<b>Voluntary Life</b>						
	<input type="checkbox"/> Voluntary Life	Your requested amount \$ _____					
	<b>Dependents Life Insurance</b>						
	<input type="checkbox"/> Spouse requested amount \$ _____	Spouse Name _____	Date of Birth _____				
<input type="checkbox"/> Children requested amount \$ _____	Child Name _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
	Child Name _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
	Child Name _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
<b>DISABILITY</b>	<b>Short Term Disability</b>						
	<input type="checkbox"/> Voluntary STD Option 1 (14-Day Benefit Waiting Period)						
<input type="checkbox"/> Voluntary STD Option 2 (30-Day Benefit Waiting Period)							
<input type="checkbox"/> Voluntary STD Option 3 (60-Day Benefit Waiting Period)							
<input type="checkbox"/> Voluntary STD Option 4 (90-Day Benefit Waiting Period)							
<b>Long Term Disability</b>							
<input type="checkbox"/> Voluntary LTD Option 1 (2 Year Maximum Benefit Period, \$10,000 Maximum, Evidence of Insurability required)							
<input type="checkbox"/> Voluntary LTD Option 2 (To Age 65 Maximum Benefit Period, \$10,000 Maximum, Evidence of Insurability required)							
<b>BENEFICIARY</b>	<i>This designation applies to Life Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to Norvest Financial Services during your lifetime. See page 2 for further information.</i>						
	Primary - Full Name		Address		Soc. Sec. No.	Relationship	% of Benefit
Contingent - Full Name		Address		Soc. Sec. No.	Relationship	% of Benefit	
<b>CHANGE</b>	<b>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</b>						
	<input type="checkbox"/> Add Dependent	<input type="checkbox"/> Delete Dependent	<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change		
Date of add/delete _____		Former name _____		<input type="checkbox"/> Other _____			
<b>SIGNATURE</b>	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.						
	Fraud Notice - Only applies to Accident and Health Insurance (AD&D/Disability/Dental): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.						
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.