

HPP LIFE INSURANCE ENROLLMENT FORM – THE HARTFORD



Name	Empl ID#
------	----------

If you enroll during your Initial Enrollment Period (first 3 months following your date of hire into a benefit-eligible position with the University), you may enroll in Parts II and III, and Supplemental Term Life coverage on your own life (up to \$350,000) and Dependent Child Supplemental Term Life without providing evidence of insurability.

If you would like additional coverage or are enrolling after your Initial Enrollment Period, you are required to apply for coverage and provide evidence of insurability (enrollment is not guaranteed).

Dual coverage through the University is not allowed—you may not be enrolled as an employee and as the spouse/dependent of another University employee. Two University employees may not cover the same children as dependents.

Please indicate beneficiary designations on the back of this form.

<p>Part I Automatic</p> <p>Life insurance in the amount of your annual salary up to a maximum of \$25,000. No cost to employees in benefit-eligible University positions</p>	<p>Part II</p> <p>Life Insurance in the amount of your annual salary up to a maximum of \$25,000. Employee cost = \$.25 per 1,000 per month</p> <p>Enroll <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Part III</p> <p>Life Insurance in the amount of \$2,000 each on your spouse and each eligible dependent child. You must enroll in Part II to enroll in Part III. Employee Cost = \$.76 per month</p> <p>Enroll <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---	--

Employee Supplemental Term Life Insurance

Minimum of \$20,000 up to maximum of \$500,000 (or five times your annual salary up to \$750,000) in \$5,000 increments. Refer to summary booklet for details and rates.

To enroll, enter the amount of life insurance desired \$ _____

Have you used tobacco in any form in the past 12 months? Yes No

Spouse Supplemental Term

Minimum \$20,000 up to maximum of \$250,000 in \$5,000 increments (cannot exceed amount of your Supplemental Term coverage amount unless you have been denied coverage). Refer to summary booklet for details and rates.

To enroll, submit the Supplemental Term Life Insurance Enrollment Form and enter the amount of life insurance desired \$ _____

Has your spouse used tobacco in any form in the past 12 months? Yes No

You must be enrolled in Supplemental Term Insurance or have applied for enrollment to participate in this option.

Dependent Child Supplemental Term

\$5,000 (\$.60 per month) \$10,000 (\$1.20 per month)

To enroll, check one of the boxes above

You must be enrolled in Supplemental Term Insurance or have applied for enrollment to participate in this option.

I have read and understand the insurance coverage information on this form and in the Description of Life Insurance Benefits Booklet. I understand that coverage is provided pursuant to a Certificate of Insurance issued by The Hartford. I understand The University of Utah intends for this program to continue into the future; however, The University of Utah reserves the right to change, modify, terminate, or cancel this or any subsequent program. This program is insured by The Hartford. The University of Utah is not liable for claims or any other payments required to be made by The Hartford. The University's only responsibilities are the selection of the insurance carrier, the administration of the program, and the payment of the University's share of premiums described herein. If the insurance company fails to perform its obligations, the covered person's sole remedy will be to pursue their rights against The Hartford. I agree to the terms of the coverage elected with this form. I certify the information I have provided on all parts of this form is true and correct. I hereby authorize any payroll deductions of required premiums.

Employee Signature: _____ **Date:** _____

Benefits Dept Use Only>	Entry Date:	Entered By:	QC Date:	QC By:
-----------------------------------	--------------------	--------------------	-----------------	---------------

BENEFICIARY DESIGNATIONS

Please designate at least one Primary Beneficiary and one Contingent Beneficiary for each coverage you elect (the percent allocation must add up to 100 for each group)
 (You are automatically the Primary Beneficiary if you enroll in Part III, Spouse Supplemental Term and/or Dependent Supplemental Term Life Insurance)

Parts I and II	Name	Relationship to Employee	Percent Allocation
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			

Part III	Name	Relationship to Employee	Percent Allocation
Primary Beneficiary	Employee	Spouse/Parent	100
Contingent Beneficiary(ies)			

Employee Supplemental	Name	Relationship to Employee	Percent Allocation
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			

Group Universal	Name	Relationship to Employee	Percent Allocation
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			

Spouse Supplemental	Name	Relationship to Employee	Percent Allocation
Primary Beneficiary	Employee	Spouse	100
Contingent Beneficiary(ies)			

Dependent Supplemental	Name	Relationship to Employee	Percent Allocation
Primary Beneficiary	Employee	Parent	100
Contingent Beneficiary(ies)			

You may change your beneficiary designation(s) at any time. Contact the Benefits Department or visit the Benefits Department's website at www.hr.utah.edu/ben for forms and information.