

To Be Completed By Applicant Apply for Coverage Beneficiary Change *Complete Beneficiary Section below.* Name Change
 Add or Delete Dependent Date of add/delete _____

Employer Name University of Central Florida	Group Number 648962	Date of Employment	Job Title/Occupation	
Your Name (Last, First, Middle)		Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address			City	State ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>				Phone Number
Employee ID	Hours Worked Per Week	Annual Earnings \$ _____	Choose one. I am employed on a <input type="checkbox"/> 9 <input type="checkbox"/> 12 month contract	

Coverage *Check with your Gabor Representative about coverage options available to you and Evidence Of Insurability requirements.*

Life Insurance

Employee Voluntary Life Your requested amount \$ _____

Dependents Life Insurance

Spouse Life Requested amount \$ _____

Spouse Name _____ Date of Birth _____

Child(ren) Life \$10,000

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Requested amount of employee coverage \$ _____

Employee only Employee and Family Decline Voluntary AD&D Insurance

If you elect the Employee and Family option, please refer to the Coverage Highlights for further information regarding benefit amounts for your dependents.

Beneficiary *This designation applies to Life Insurance from Standard Insurance Company available through your Employer. Unless specified otherwise on a separate sheet of paper, this designation will also apply to Accidental Death and Dismemberment (AD&D) Insurance from Standard Insurance Company available through your Employer. Dependents Life Insurance Benefits, if any, will be paid to you if you are living. Please see the Group Life Certificate of Insurance for further details.*

Designations are not valid unless signed, dated, and delivered to the Gabor Agency during your lifetime. See page two for further information.

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Signature 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. If declining coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above.

Member/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.