Spokane Public Schools
excellence for everyone

LIFE Enrollment & Change Application

SPS ID # _____

Employee Name (Last, First, Middle)	Employee Social Security Number	Employee Date of Birth	Gender ❑ Male ❑ Female	Marital Status ❑ Single ❑ Married

Specific Job Title (Occupation)	Salary	Employment Date Eligible	District Use Only: Effective Date	Employment Termination Date

☐ New Enrollment ☐ Change Coverage ☐ Change Beneficiary ☐ Change Name from _____

☐ Evidence of Insurability
REQUIRED for satisfactory evidence of insurability if you do not obtain coverage when FIRST ELIGIBLE or if you are requesting coverage above the INITIAL GUARANTEED ISSUE**.

Please check ALL appropriate boxes and complete employee beneficiary designation. COMPLETE ENROLLMENT/CHANGE APPLICATION IN FULL – SUPERCEDES PREVIOUS ENROLLMENT/CHANGE APPLICATION.

1. MANDATORY BASIC GROUP TERM LIFE INSURANCE – Class Determined Benefit (Specify beneficiary below) ☒ Yes District Paid

OPTIONAL/VOLUNTARY – ADDITIONAL LIFE INSURANCE BENEFITS
EMPLOYEE PAID (Self-Pay)

2. Is your legal spouse/domestic partner currently employed with Spokane Public Schools? ☐ Yes ☐ No ☐ N/A If yes, under what name? _____
   Dual coverage is precluded**.

Please mark "Yes" or "No".
DO NOT LEAVE BLANK.

3. BASIC FAMILY LIFE INSURANCE** – DEPENDENT (No beneficiary necessary) ☐ Yes ☐ No
   Spouse/Domestic partner ($5,000 Benefit Amount)
   Each Child ($2,000 Benefit Amount)

4. EMPLOYEE SUPPLEMENTAL LIFE INSURANCE (Beneficiary same as Basic Life) ☐ Yes ☐ No $ _____ Amount of Coverage
   From $10,000 to a maximum of $300,000 in increments of $10,000
   (Employee Evidence of Insurability required if in excess of $150,000 for new employees)*
   Employee E of I required to add supplemental insurance after first 31 days of eligibility

5. SPOUSE/DOMESTIC PARTNER SUPPLEMENTAL LIFE INSURANCE** – AVAILABLE ONLY IF EMPLOYEE IS APPROVED ☐ Yes ☐ No $ _____ Amount of Coverage
   Subject to 100% of employee's Supplemental Life from $5,000 to $150,000 in increments of $5,000
   (Spouse Evidence of Insurability required if in excess of $75,000 for new employees)*
   Spouse E of I required to add spouse insurance after first 31 days of eligibility

THIS SECTION MUST BE COMPLETED BY EMPLOYEE**

My Primary Beneficiary is:	_____	My Contingent Beneficiary is:	_____
Relationship:	_____	Relationship:	_____
Address:	_____	Address:	_____

REQUEST FOR GROUP INSURANCE – I hereby apply for insurance to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the policyholder. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance. *I understand that if I do not enroll within 31 days when first eligible, I will not be able to obtain coverage in the future without submitting satisfactory evidence of insurability.

Signature _____ Date _____

***Refer to definitions/explanation on reverse side.*

SunLife Policy # 242210

IMPORTANT! PLEASE READ!

Complete a new Enrollment Form IN FULL if changes are necessary (i.e., changing your name or beneficiary, adopting a child, adding a newborn). An employee must be **actively at work** on the proposed effective date for coverage to begin. Employees who have previously applied for and been declined enrollment for life insurance under this policy must provide evidence of insurability (E of I).

Any person who knowing presents a false or fraudulent claim for payment of a loss or who knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

****DEFINITIONS/EXPLANATION**

Dual Coverage – No person can be insured under this policy as both an employee and a dependent, or as a dependent of more than one employee.

Primary Beneficiary – The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary – The person or person you want to receive the life insurance benefit if you die and no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named and the specific percentage has not been designated, each will receive an equal share of the benefit.

Basic Family Life Insurance - Dependant (including Spouse/Domestic Partner) are payable to the employee.

Your **estate** will be the beneficiary if no primary or contingent beneficiaries are named.

Note: The Group Policyholder may not be named as beneficiary.

Insured Dependents

Legal Name	Date of Birth	Social Security Number