

ENROLLMENT • CHANGE FORM

| GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper) | | | | |
|--|--------------------------------------|--------------------|----------|--------|
| Name of Group Customer/Employer Old Dominion University Research Foundation | Group Customer # 104994 | Report # 104994 | Sub Code | Branch |
| Date of Hire (MM/DD/YYYY) | Coverage Effective Date (MM/DD/YYYY) | | | |

| YOUR ENROLLMENT INFORMATION (To be Completed by the Employee) | | | | |
|--|---------------|--|--|--|
| Name (First, Middle, Last) | | Social Security # - - | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address (Street, City, State, Zip Code) | | Date of Birth (MM/DD/YYYY) | | |
| Phone # | Email Address | <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter date (MM/DD/YYYY) | | |
| <p>I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that no contributions are required for Basic Life, Basic AD&D, and the Long Term Benefits. I understand that contributions are required for the benefits I select below.</p> <p>▶ If you are enrolling during the initial enrollment period, you must complete a Statement of Health form:</p> <ul style="list-style-type: none">• If you are enrolling for Supplemental/Optional Life Insurance and requesting more than \$140,000• If you are enrolling for Dependent Spouse Life Insurance and requesting more than \$25,000 <p>If you are enrolling after the initial enrollment period, you must also complete a Statement of Health form for all amounts you are requesting.</p> | | | | |
| Term Life Insurance | | | | |

Basic Life ¹

Supplemental/Optional Life ¹

Enter a multiple of \$10,000 up to a maximum of the lesser of 5x your Basic Annual Earnings or \$500,000. \$ _____

Dependent Spouse Life ^{1,2}

Enter a multiple of \$5,000 up to a maximum of \$250,000. \$ _____

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

