Roger Williams University Enrollment Form

Group Life Insurance

Please return completed form to your benefits department

Employer Name	Group Policy Number
Roger Williams University	01-B84W1F
Employer Address (City, State, ZIP Code)	Coverage Effective Date
1 Old Ferry Road, Bristol, RI 02809	

Employee Name (Last, First, Middle)			
Address (City, State, ZIP Code)			
Social Security Number	Date of Birth (MM/DD/YY)	Gender	Marital Status
		☐ Male ☐ Female	☐ Single ☐ Married ☐ Divorced ☐ Widowed
Hire Date (MM/DD/YY)	Annual Salary	Type of Enrollment	
	$	☐ New Employee ☐ Qualified Life Event	☐ Annual/Open Enrollment ☐ Rehire Rehire Date:

Coverage Elections

Please indicate your coverage elections below. The Employee must enroll in Optional Life and Accidental Death & Dismemberment (AD&D) coverage to elect Optional Dependent Life and AD&D coverage. The Optional Spouse Benefit cannot be greater than the Employee Optional Benefit. Evidence of Insurability may be required. Please see your plan booklet for additional information.

Type of Coverage	Selection	Coverage Elected
Employee Optional Life and AD&D	☐ Yes ☐ No	$
Spouse Optional Life and AD&D	☐ Yes ☐ No	$
Child(ren) Optional Life and AD&D	☐ Yes ☐ No	$

If electing for Dependent coverage (Spouse and Child), please complete the following:	
Spouse Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Dependent Child(ren) coverage is available to eligible dependent child(ren) under 26 years of age.	

Employee Signature and Authorization	
☐	ACCEPT: I declare that all information given in this enrollment form is true and complete to the best of my knowledge and belief. I request coverage under my employer's plan of benefits as indicated above. I authorize my employer to deduct from my earnings my contributions for the coverage(s) selected. I understand that with respect to coverages I have declined, Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.
☐	DECLINE: I hereby decline all optional coverage as offered by my employer. I certify that I have been given the opportunity by my employer to enroll for coverage. I understand that Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.
Employee Signature:	Date:

Completion of this enrollment form does not guarantee coverage. Evidence of Insurability may be required. Please see your plan booklet for additional information.

Submit completed form to your employer and retain a copy for your records.

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Roger Williams University
Beneficiary Designation Form

Employee Name *(Last, First, Middle)*	Social Security Number
Address *(Street, City, State, ZIP Code)*	**Email Address**

- This beneficiary information applies to all coverages applicable to the covered employee and will replace any prior beneficiary designation.
- The primary beneficiary is the individual(s) who will receive the insurance proceeds in the event of the insured's death.
- In the event the primary beneficiary(ies) predecease(s) the insured, the contingent beneficiary(ies) will receive the insurance proceeds.
- If no beneficiary is named, or no beneficiary survives the insured, settlement will be made in accordance with the terms of the Group Contract.
- To change your beneficiaries, you must complete a new form.
- If you wish to name more beneficiaries than this form provides space for, complete your list on an additional copy of this form and attach it.

Primary Beneficiary (the total of all primary beneficiaries must equal 100%)

	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
1.					
	Address			Phone Number	
2.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
3.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	

TOTAL

The total share of all primary beneficiaries must equal 100%.

Contingent Beneficiary (the total of all contingent beneficiaries must equal 100%)

	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
1.					
	Address			Phone Number	
2.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
3.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
4.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	

TOTAL

The total share of all primary beneficiaries must equal 100%.

Employee Signature: Date:

Complete this form and retain a copy for your records.

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Beneficiary Designation

Remember the following when completing your Beneficiary Designation form:

- Clearly identify your beneficiary(ies), providing each beneficiary's full name, date of birth, Social Security number, address, and relationship to you.
- You can name primary and contingent beneficiaries.

  Primary: The primary beneficiary is the individual(s) who will receive the insurance proceeds at the time of your death.

  Contingent: A contingent beneficiary, or secondary beneficiary, is the individual(s) who will receive the insurance proceeds if the primary beneficiary(ies) dies before you. Naming a contingent beneficiary is important, as you may outlive the primary beneficiary or die simultaneously.
- If you name more than one primary or contingent beneficiary, make sure the beneficiary percentages add up to 100 percent for each class of beneficiary (primary and contingent).
- **Minor child:** A minor child can be named as a beneficiary, but benefits cannot be released directly to the minor child. Benefits will be paid to the court-appointed guardian of the minor child's estate (or property). Parents are not automatically the guardians of a minor's estate. A parent may need to petition a local probate court where the child lives to be named guardian of the child's estate.
- Make sure you sign and date the beneficiary designation form.
- If no beneficiary is named, or if no beneficiary survives you, settlement will be made as provided in the Group Contract.

To assist you, here are some examples of clear beneficiary designations.

One primary and two contingent beneficiaries	One primary and three contingent beneficiaries
Primary Beneficiary: Jane Smith, spouse, 100% **Contingent Beneficiaries:** Paul Jones, brother, 50% Mary Park, sister, 50%	**Primary Beneficiary:** Gayle Rich, spouse, 100% **Contingent Beneficiaries:** Teresa Rich, daughter, 40% Susan Rich, daughter, 40% Jason Rich, brother, 20%