

Basic Life & Accidental Death & Dismemberment Insurance Enrollment Form - \$50,000 Benefit



BUSINESS RESOURCE SERVICES (BRS)

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Name:		Date of Birth:	
Title:		Effective Date:	
Date of Hire:			
Salary:	# of Hours per Week:		
Mailing Address:		City/State/Zip Code:	
Company Name:		Home Telephone:	

Basic Life / AD&D Insurance

You are automatically enrolled in the Basic Life / AD&D Insurance program at no cost to you. Plan premiums are paid by your employer. Your employer will advise you as to when your coverage is effective. Life benefit options outlined below. Please see your employer to confirm flat benefit amount eligibility.

\$50,000

Complete coverage information can be found in the policy booklet provided to you by your employer. Please read it carefully and keep it in a safe place with your other important papers.

Beneficiary Designation

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your benefits administrator or your own legal counsel. Following are examples of the most common designations:

Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

Contingent:

- Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares (50%).
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

	Full Name	Address	SSN	Relationship	D.O.B.	%
Primary						
Contingent						

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request.

Employee Confirmation

I have been given the opportunity to enroll in Business Resource Service's Group Basic Life / AD&D Insurance plans.

Signature: _____

Date: _____

Employer - Send Original to: BRS, PO Box 9367, S. Burlington, VT 05403
Please keep a copy for your records.