

To Be Completed By Utah State University Eastern Employee

New Hire Enrollment

Coverage Change

Your Name (Last, First, Middle)	Employee A#	Hire Date
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Coverage Please see the Human Resources web page for more information regarding coverage options, prices, and Evidence of Insurability requirements

Life Insurance

Basic Life with AD&D (employer paid)

Supplemental Employee Life (employee paid) requested amount \$_____ increments of \$10,000 up to \$1.5 million

Dependent Basic Life \$10,000 for spouse (employee paid) \$5,000 for each eligible child

Supplemental Spouse Life requested amount (employee paid) \$_____ increments of \$10,000, up to \$250,000

Supplemental Child Life (employee paid) \$_____ increments of \$5,000, up to \$20,000

Long Term Disability

Employer Paid LTD

Short Term Disability

Employer & Employee Paid STD Please note, this box allows you to enroll if you have previously opted-out. As a new employee you will be auto-enrolled in this coverage unless you fill out the opt-out form on the Human Resources page.

If you would like to add/ edit beneficiary information, you can do so in the Service Now system; search for "beneficiary."

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 changes, premium cost changes, or as I enter a new premium age bracket.

Employee Signature required _____ Date _____

To Be Completed By Human Resources :

Employer Signature _____ Coverage Effective Date _____