

Shoshone School District #312, #WBT000675/ID039091

GROUP LIFE ENROLLMENT FORM

LifeMap Assurance Company™

INSTRUCTIONS

Please type or print when completing ALL entries
Upon completion please send to:

LifeMap Attn: Nina Ilika/Billing
100 SW Market St., MS E3A, Portland OR 97201

GENERAL INFORMATION (completed by Retiree or School District)

Name SS#
Address Date of Birth
Email Address
Telephone Number

Is this an initial enrollment or a change to your retiree beneficiary? [] Initial Enrollment [] Beneficiary Change

TO BE COMPLETED BY SCHOOL DISTRICT PERSI Direct Bill (Retro)
Date of Retirement

Signature of School District Admin

RETIREE COVERAGE ELECTION (to be completed by the Retiree)

\$5,000 RETIREE LIFE: \$16.50 \$2,000 DEPENDENT LIFE: \$3.16

(Note: you must have elected dependent life as an active employee to continue as a retiree)

Beneficiary (Please use a separate page if necessary. Please also sign and date the separate sheet if used)

Primary Full Name Address Soc. Sec. No. Relationship Date of Birth Gender
Contingent Full Name Address Soc. Sec. No. Relationship Date of Birth Gender

Please pay the life insurance premium show above until my sick leave entitlement is exhausted. If I have no sick leave entitlement or if my sick leave entitlement has been exhausted, I request PERSI continue my coverage by withholding the required premium from my requirement allowance, until otherwise notified in writing. I understand the rates and benefits are all subject to the master contract maintained by Shoshone School District #312 and LifeMap Assurance Company. I understand that my coverage may be terminated if: (a) my School District ceases to insure active employees under a group life insurance policy issued by LifeMap Assurance Company; (b) I cease to be eligible for PERSI benefits or no PERSI benefits are payable to me; or (c) I fail to pay my direct bill premium or (d) as provided under the group life insurance policy coverage retirees issued by LifeMap Assurance Company to Shoshone School District #312. If my coverage under the group policy terminates for any reason, I understand that I not be insured again under the group policy.

Retiree Signature Date

Note: Beneficiary designation is not valid unless this form is signed and dated.