UNIVERSITY OF HARTFORD

OPTIONAL LIFE INSURANCE DESIGNATION OF BENEFICIARY

Please complete this form in its entirety to designate your election(s) for the University of Hartford's optional life insurance benefits. Additional primary and/or contingent beneficiaries may be added by attaching an additional form.

Employee Information:

Print Name (First, Middle Initial, Last)	Date of Birth	Policy Number(s)
		GL-159878

SUPPLEMENTAL LIFE INSURANCE

I would like to purchase the following level of supplemental term life insurance in accordance with the guidelines of the University's plan. I understand that evidence of insurability may be required for coverage above $250,000* and that age reduction rules apply (as outlined in the Summary Plan Description).

Coverage Amount: ☐ 1x base salary ☐ 2x base salary ☐ 3x base salary ☐ 4x base salary

☐ I do not wish to purchase this coverage at this time.

Beneficiary Designation: If more than one beneficiary is designated, payment will be made in equal shares if no percentages are indicated. Contingent beneficiary(ies) are applicable only if you are not survived by any primary beneficiary(ies).

_____ ☐ Primary ☐ Contingent _____ %
Name

_____ _____
Address Relationship

_____ _____
City, State, Zip Code Date of Birth

_____ ☐ Primary ☐ Contingent _____ %
Name

_____ _____
Address Relationship

_____ _____
City, State, Zip Code Date of Birth

SPOUSAL LIFE INSURANCE

I would like to purchase the following level of spousal term life insurance (not to exceed 100% of total employee coverage amount) in accordance with the guidelines of the University's plan (as outlined in the Summary Plan Description):

Name of Spouse:_____ DOB:_____

☐ $10,000 ☐ $20,000 ☐ $30,000* ☐ $40,000

☐ $50,000 ☐ $60,000 ☐ $70,000 ☐ $80,000

☐ $90,000 ☐ $100,000

☐ I do not wish to purchase this coverage at this time.

DEPENDENT CHILD(REN) LIFE INSURANCE

I would like to purchase the following level of dependent child(ren) term life insurance (not to exceed 100% of total employee coverage amount) in accordance with the guidelines of the University's plan (as outlined in the Summary Plan Description):

☐ $5,000 ☐ $10,000 ☐ $15,000

☐ $20,000 ☐ $25,000

☐ I do not wish to purchase this coverage at this time.

** Guaranteed issue amount*

I hereby certify that I have been advised of the features and benefits of the optional life insurance programs offered to me through the University of Hartford. My signature below indicates that I verify the information provided is accurate and complete and the beneficiary(ies) I have designated. I understand that I cannot have dual/cross coverage (covered as both an employee and as spouse or dependent child[ren]) through these group life insurance plans. Further, I understand that if I elect spousal and/or dependent child(ren) life insurance, that I am the primary beneficiary for the spousal and/or dependent child(ren) life insurance plan(s) unless I designate otherwise in writing. Participation at a later date may require evidence of insurability.

Signature of Employee: _____ Date: _____

Signature of Witness: _____ Date: _____

New Hire Open Enrollment

- A newly hired University of Hartford employee will have 30 days (from date of hire) to enroll in optional term life insurance, with coverage election(s) effective the first day of the month following date of hire. Evidence of insurability will be required for coverage election(s) above the guaranteed issue amounts noted herein.

Instructions to Complete Form

- Complete **Employee Information** in full.
- **Supplemental Life Insurance** - The University offers all regular full-time and regular part-time faculty and staff the option to purchase supplemental term life insurance equal to one, two, three or four times base salary. The maximum benefit payable is $500,000. The employee pays 100% of the premium for this coverage. Select the amount of coverage you wish to purchase and designate your beneficiary(ies). If you are not interested in purchasing supplemental life insurance, indicate your intent on the form. Per plan guidelines, the value of this benefit is reduced by 50% at age 70.
- **Spousal Life Insurance** - The University offers all regular full-time and regular part-time faculty and staff the option to purchase spousal term life insurance in $10,000 increments. The maximum benefit payable is $100,000. The employee pays 100% of the premium for this coverage. The amount of life insurance for a spouse may not exceed 100% of the employee coverage amount. Select the amount of coverage you wish to purchase. You will be the named beneficiary for this policy. If you are not interested in purchasing spousal life insurance, indicate your intent on the form. You may not cover your spouse as a dependent if your spouse is enrolled in coverage as an employee.
- **Dependent Life Insurance** - The University offers all regular full-time and regular part-time faculty and staff the option to purchase dependent child(ren) term life insurance in $5,000 increments. The maximum benefit payable is $25,000. The employee pays 100% of the premium for this coverage. This rate remains the same regardless of the number of dependent children of the employee. The amount of life insurance for a dependent may not exceed 100% of the employee coverage amount. You will be the named beneficiary for this policy. If you are not interested in purchasing dependent child(ren) life insurance, indicate your intent on the form. Dependent child(ren) may not be covered by more than one employee. Dependent child(ren) cannot be covered as both an employee and a dependent.
- Sign and date the form. This form must also be signed and dated by a witness (who is not your designated beneficiary).

Conditions

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases the employee, the life insurance proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives the employee, any sum becoming payable under said Group Contract(s) by reason of the employee's death shall be payable as prescribed in said Group Contract(s).
- If this Designation of Beneficiary form provides for payment to a trustee under a trust agreement, said Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.
- Said Insurance Company will honor the most currently dated Designation of Beneficiary Form on record in the Office of Human Resources Development at the University of Hartford.

***Note**: All optional life insurance policies are term insurance and are discontinued upon separation of employment. All rates are subject to change. This form is designed to summarize the University of Hartford's Optional Life Insurance benefits and is not intended to be all inclusive. Where there are differences between the provisions of this form and more specific statements contained in the University files (such as summary plan descriptions), those statements shall control.*