

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name Kenyon College		Group Number(s) 133606	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date Of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation
	Date of Hire: _____		Earnings: \$ _____		<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
LIFE/AD&D	<p>Life Insurance</p> <p><input checked="" type="checkbox"/> Life with AD&D (Employer Paid)</p>					
BENEFICIARY	<p>This designation applies to Life Insurance available through your Employer. Designations are not valid unless signed, dated and delivered to the employer during your lifetime.</p>					
	Primary – Full Name		Address	Soc. Sec. No.	Relationship	% of Benefit
	_____		_____	_____	_____	_____
	_____		_____	_____	_____	_____
Contingent – Full Name		Address	Soc. Sec. No.	Relationship	% of Benefit	
_____		_____	_____	_____	_____	
_____		_____	_____	_____	_____	
<p><input type="checkbox"/> Check this box if you have completed a separate beneficiary form.</p>						
<ul style="list-style-type: none"> • I received and read a copy of my employer's current announcement of the group plan for coverage which I am or may become eligible. • I understand there is no cost for this coverage. • I designate the person(s) shown above (or on a separate beneficiary form if so indicated) as my beneficiary(ies) and contingent beneficiary(ies). 						
CHANGE	<p>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</p>					
	<p><input type="checkbox"/> Name Change – Former Name _____</p> <p><input type="checkbox"/> Beneficiary Change</p> <p><input type="checkbox"/> Other _____</p>					
SIGNATURE	Signed (Employee)			Date (Mo/Day/Yr)		
	_____			_____		
<p>Human Resources Department – Complete this section. Retain form for your records.</p> <p>Dvsn ID _____ Billing Cat. _____ Hrs. Worked Per Week _____</p>						