

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT

Standard Insurance Company

(503) 321-7000

Fax (800) 378-2403

Toll Free (800) 348-3226

900 SW Fifth Avenue

Portland, OR 97204-1282

Policy Number **645938-A**

COVERAGE RATES:

Monthly rates vary, See the insurance policy, Page 2

COVERAGE AMOUNTS:

Employee:

Increments of \$25,000 up to 10x base salary to a max of \$500,000 (whichever is less)

Spouse only: **This option not offered**

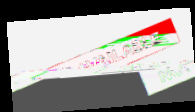
Up to 50% of employee coverage

Child(ren) only: **This option not offered**

Up to 10% of employee coverage, not to exceed \$25,000

Spouse & Children:

Up to 40% of employee coverage; 5% of employee coverage per child



~~\$250 monthly per \$1,000 of Member's AD&D Insurance~~

~~Monthly:~~

~~Member and Dependents:~~

~~Member and Dependents:~~

~~\$1.000 monthly per \$1,000 of Member's AD&D Insurance~~

~~first day of each calendar month thereafter.~~

~~Premium Due Dates:~~

~~January 1, 2008 and the~~

~~31 days~~

~~Grace Period:~~

To Be Completed By Human Resources

Group Number 645938	Division	Billing Category	Date of Employment
------------------------	----------	------------------	--------------------

To Be Completed By Applicant Apply for Coverage Beneficiary Change Complete Beneficiary Section below Name Change

Add or Delete Dependent Date of add/delete _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address		City	State	ZIP
Former Name (Last, First, Middle) <small>complete only if name change</small>			Phone Number	
Employer Name Wichita State University			Job Title/Occupation	

Hours Worked Per Week _____ Earnings \$ _____ Per Hour Week Month Year

Coverage Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.

Life Insurance

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

You only \$ _____ Your Spouse \$ _____ or Your child(ren) \$ _____ or _____ %

Beneficiary This designation applies to Accidental Death and Dismemberment (AD&D) Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

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 coverages change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Beneficiary Information

Your designation revokes all prior designations.