Dearborn National

ENROLLMENT and CHANGE FORM

Underwritten by Dearborn National® Life Insurance Company

Administrative Offices: Downers Grove, Illinois | Dallas, Texas

☐ New Enrollment ☐ Change ☐ Open Enrollment ☐ COBRA ☐ Retiree

EMPLOYER/EMPLOYEE SECTION - Enrollment forms must be submitted directly to Dearborn National unless the group is self-administered. If the group is self-administered, submit enrollment forms to Dearborn National only if evidence of insurability is required.

EMPLOYER	GROUP NO./ACCOUNT NUMBER	LOCATION
OKLAHOMA BAPTIST UNIVERSITY	**F019973**	

EMPLOYEE NAME – LAST FIRST MIDDLE INITIAL	GENDER ☐ M ☐ F	DATE OF BIRTH	DATE OF HIRE (FULL TIME)

SOCIAL SECURITY NO.	EARNINGS $ ☐ Weekly ☐ Monthly ☐ Annual	JOB TITLE	CLASS

HOME ADDRESS	CITY	STATE	ZIP

HOME PHONE	WORK PHONE	CELL PHONE

BENEFIT SELECTION – Life

COVERAGE SELECTION: Your non-medical group insurance program may not include all the benefits listed below. **Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete a health questionnaire.**

BASIC COVERAGE - Term Life/AD&D ☒Yes ☐ No

VOLUNTARY COVERAGE- (Select all that apply)-Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate.

Voluntary Life - Employee	Voluntary Life – Spouse	Dependent Child(ren): (Cost per Family unit)	
Please Select One:	Please Select One:	Please Select One:	
Benefit	Benefit	Benefit	Monthly Premium*
☐ $ 20,000	☐ $ 10,000	☐ $ 2,000	$0.48
☐ $ 40,000	☐ $ 15,000	☐ $ 4,000	$0.96
☐ $ 80,000	☐ $ 20,000	☐ $ 6,000	$1.20
☐$100,000	***☐$ 25,000***	☐ $ 8,000	$1.92
☐ Other: $______	☐ Other: $ ______	☐ $ 10,000	$2.40
☐ NONE	☐ NONE	☐ Other: $______	☐ NONE
☐ Voluntary AD&D $______	☐ Voluntary AD&D $______	☐ Voluntary AD&D $______	

* Premiums shown are based on 12 payroll deductions per year. Premiums are estimates and could vary due to amounts selected and approved as well as rounding. ***Guarantee Issue Benefit amount.**

SPOUSE NAME-LAST FIRST M.I.	GENDER M☐ F☐	SPOUSE DATE OF BIRTH	SPOUSE SOCIAL SECURITY #

BENEFICIARY DESIGNATION (For Employee Only: Must Be Completed if you have applied for life or AD&D insurance) If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100% (Employee is the beneficiary of proceeds from spouse or child coverage.)

FIRST NAME LAST NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #	BENEFIT %
Primary				%
Primary				%
Contingent				%

I hereby request to be insured and authorize deductions, if any, from my compensation for my share of the cost of the benefits to which I may be entitled under the group policy(ies) issued to the employer listed above. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. I understand that if I do not remain actively at work that my coverage may lapse or terminate. For those coverages I have declined, I understand that if I choose to enroll at a later date, my cost may be higher and a health questionnaire may be required.

EMPLOYEE SIGNATURE ______________________________ DATE ________________

Oklahoma: Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Waiver of Coverage: I DO NOT WISH TO ENROLL at this time and understand that the opportunity to enroll at any future time will be subject to such arrangements as may be made with the company.

EMPLOYEE SIGNATURE ______________________________ DATE________________

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. (Form #9-552-411 r7.20/11 Z5222)