

**PENN STATE UNIVERSITY
GROUP TERM LIFE INSURANCE
DEPENDENT ENROLLMENT/CHANGE FORM**

Name (Please Print)

PSU ID#

Email Address

Pay Frequency: Monthly Biweekly

DIRECTIONS:

- If your spouse is **NOT** currently enrolled in the Age-Graded Life Insurance Plan and wishes to enroll, fill out Section I. You may enroll at any time as long as the employee is actively at work and the employee is enrolled in the Age-Graded Life Insurance Plan.
- If your spouse is currently enrolled in the Age-Graded Life Insurance Plan and wishes to request an increase in coverage, fill out Section II.
- If you wish to add dependent child(ren) to Optional Dependent Life coverage, fill out Section III
- If you wish to discontinue life insurance for any dependents, fill out Section IV.

SECTION I - ENROLL SPOUSE

- I wish to enroll my spouse in the Age-Graded Life Insurance Plan so that the total amount of insurance is: \$ _____ \$10,000 to \$250,000 in \$10,000 increments. (Amount cannot exceed 100% of employee coverage amount).
- You must complete a proof of good health form. Coverage will commence on the date of approval by the insurance company, provided the employee is actively at work.
- You may request enrollment at any time during the year.

SECTION II - INCREASE OR DECREASE SPOUSAL COVERAGE

- I wish to change my Age-Graded Life Insurance Plan so that the total amount of insurance is: \$ _____ \$10,000 to \$250,000 in \$10,000 increments. (Amount cannot exceed 100% of employee Age-Graded Life Insurance coverage amount)
- You must complete a proof of good health form. Coverage will commence on the date of approval by the insurance company, provided the employee is actively at work.

SECTION III - ENROLL (CHILDREN)

- I wish to enroll my child(ren) in the \$5000.00 Optional Dependent Life Insurance Plan

SECTION IV - DISCONTINUE

- I wish to discontinue my spousal life insurance coverage through Penn State.
- I wish to discontinue my dependent child(ren) life insurance coverage through Penn State.

IMPORTANT INFORMATION:

- If needed, the proof of good health form is available from the Employee Benefits Division or online at www.ohr.psu.edu/benefits.
- The beneficiary designation currently on file in the Employee Benefits Division will remain in effect unless changed. Changes in beneficiaries may be made at any time upon completion of a Change of Beneficiary form available from the Employee Benefits Division or online at www.ohr.psu.edu/benefits.
- Questions may be directed to the Employee Benefits Division at (814) 865-1473 or send an email to benefits@PSU.EDU

I authorize the University to change my payroll deduction pursuant to the above change.

Signature

Date

Campus/Office Location

() _____
Daytime Phone Number

**COMPLETED FORMS MUST BE RETURNED TO THE EMPLOYEE BENEFITS DIVISION
410 James M. Elliott Building**