

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

Name (Please Print)

PSU ID#

Email Address

Pay Frequency: Monthly Biweekly

DIRECTIONS (Complete One Section Only):

- If you are **NOT** currently enrolled in the Age-Graded Life Insurance Plan and wish to enroll, fill out Section I.
- If you are currently enrolled in the Age-Graded Life Insurance Plan and wish to change your coverage, fill out Section II.
- If you wish to discontinue your coverage in the Age-Graded Life Insurance Plan, fill out Section III.

SECTION I - ENROLL (EMPLOYEE)

I wish to enroll in the Age-Graded Life Insurance Plan so that the total amount of insurance is:

- One times salary Three times salary Five times salary Seven times salary
 Two times salary Four times salary Six times salary Eight times salary

- **NOTE: If you select this option you must complete a proof of good health form.**
- **Coverage will commence on the date of approval by the insurance company, provided you are in active pay status.**
- **You may request enrollment at any time during the year.**

SECTION II - INCREASE OR DECREASE (EMPLOYEE)

I wish to change my Age-Graded Life Insurance Coverage so that the total amount of insurance is:

- One times salary Three times salary Five times salary Seven times salary
 Two times salary Four times salary Six times salary Eight times salary

- **NOTE: If you are increasing your life insurance by ONE times salary DURING THE OPEN ENROLLMENT PERIOD you DO NOT need to submit this form or provide proof of good health.**
- **At any other time of the year, you may request to increase your life insurance, but the proof of good health form is required.**
- **Coverage will commence on the date of approval by the insurance company, provided you are in active pay status.**

SECTION III - DISCONTINUE

I wish to discontinue my life insurance plan through Penn State.

The University will provide Basic Term Life Insurance at no cost to you if you discontinue your coverage.

IMPORTANT INFORMATION:

- The maximum amount of optional Age-Graded Life Insurance that may be elected is the lesser of eight times salary or \$1.5 million.
- 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 e-mail 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**