

University of Vermont College of Medicine

ENROLLMENT FORM

Group Insurance Program

SECTION A (STUDENT INFORMATION)

NAME: LAST FIRST M.I.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	DATE OF BIRTH / /
STUDENT ID			FULL TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1ST YR. <input type="checkbox"/> 2ND YR. <input type="checkbox"/> 3RD YR. <input type="checkbox"/> 4TH YR.	
ADDRESS WHILE ATTENDING SCHOOL			SCHOOL PHONE NUMBER	
STREET ADDRESS			(802) 656 - 0722	
CITY STATE ZIP			HOME PHONE NUMBER	
			() -	
HOME ADDRESS			COVERAGES SELECTED	
STREET ADDRESS			<input checked="" type="checkbox"/> AD&D (COMPLETE SECTION B) <input checked="" type="checkbox"/> DISABILITY	
CITY STATE ZIP				

SECTION B (BENEFICIARY DESIGNATION) COMPLETE THIS SECTION ONLY IF YOU HAVE LIFE AND/AD&D INSURANCE. IF MORE THAN ONE BENEFICIARY, PLEASE SHOW HOW TO ALLOCATE.

NAME, ADDRESS, DATE OF BIRTH AND RELATIONSHIP OF BENEFICIARY (BENEFICIARIES) RELATIONSHIP = (Mother, Father, Brother, etc.)

I hereby request coverage under the group policy(ies) sponsored by University of Vermont College of Medicine. I understand that the coverage provided will be subject to the terms and conditions of the group insurance policy(ies).

STUDENT SIGNATURE _____ DATE SIGNED _____

INSTRUCTIONS AND DEFINITIONS

SECTION A - Administrator

COVERAGES SELECTED - Must include Life, AD&D and Disability.

DATE COVERAGE BEGINS - Is the later of:

- The effective date of the Plan;
- The date the student is enrolled and completes an enrollment form;
- If the student is a late applicant, the date coverage is approved.

SECTION A - Student

COVERAGES SELECTED - Availability of coverages determined by the school.

Some options shown may not be available.

SECTION B - Student

BENEFICIARY - The name of the person or persons that you designate to receive Life and/AD&D Insurance proceeds.

Please be sure to provide the full name, complete address (if different from your own), and relationship of any beneficiary named.

If you are naming more than one beneficiary, please state how the benefit should be allocated.

(EXAMPLES OF ACCEPTABLE BENEFICIARY DESIGNATIONS FOLLOW)

1. Jane B. Doe, wife
2. John A. Doe, husband & Walter Doe, son; equally or to the survivor.
3. Walter, John, & James Doe, sons; equally or to the survivor.
4. Jane B. Doe, wife, if living, otherwise to Walter Doe, son.
5. John A. Doe, husband-X%, Walter Doe, son-Y%, and James Doe, son-Z%.
6. Executors or Administrators of the estate of the insured.