Public Employees Voluntary Life I Western Insurance Specialties www.wisnv.com 800-342 Employee's Last Name	Employer Sulf C.
Employee's East Name	Date of Birth
Number & Street Address	Annual Salary
City	State Social Security Number
Data of Him Zip Code	Work Phone
Date of Hire / / / Say	
SCA	Home Phone
☐ Male ☐ Female Email Address	
COMPLETE IF ELECTING SPOUSE COVERAGE Last Name	First Name
	SEX:
	O Male
Date of Birth Social Secu	urity Number O Female
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TERM LIFE INSURANCE PO	olicy 08703 For Company Use Only
Employee Amount Spouse	GI/IF GI/IF Eff Approved Amt Eff Date
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\$ Employee Amount Spouse (MUST CARRY MINIMUM OF \$10,000 maximum of \$500,000)	GI/IF GI/IF Eff Approved Amt Eff Date EE k
Employee Amount Spouse (MUST CARRY MINIMUM OF \$10,000 maximum of \$500,000) Child Coverage	GI/IF GI/IF Eff Approved Amt Eff Date EE k
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Employee Amount Spouse (MUST CARRY MINIMUM OF \$10,000 maximum of \$500,000) Child Coverage \$10,000 = \$1.80mo. \$20,000 = \$3.60mo. (one monthly premium covers all children) Accidental Death & Dismemberment Rider	GI/IF GI/IF Eff Approved Amt Eff Date EE
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I represent that all of the information on this form is true and complete to the best of my knowledge and belief. I understand that this insurance is subject to all of the terms of the Plan & Schedule of Insurance contained in the Group Policy Certificate.

I understand that the insurance I have elected for myself will begin on the effective date, provided I am actively at work on that date. *Active-at-Work Rule*: If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage. Further, I understand that any insurance subject to evidence of good health or medical information will not become effective until the first of the month after Sun Life Financial gives its written consent.

If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

Choosing your beneficiary

- You can name as many beneficiaries as you want. If listing more than one, attach a sheet to this form listing all beneficiaries and "percentage" of proceeds. Sign and date the attachment. A change form is located on our website (wisnv.com) for your convenience.
- Spell out each person's full name, social security number, date of birth and his or her relationship to you.
- If you are married, reside in a community property state (i.e., Nevada and California), and name someone other than your spouse as beneficiary, it is possible that payments of benefits will be delayed or disputed.
- Try not to name minor children as beneficiaries (under the age of 18), because they'll need a court-appointed guardian of their estate to manage their money as beneficiary.

Remember to review your beneficiary designations every once in a while...especially after major life events like births, deaths, weddings, divorces, graduations and retirements...you can always make changes.

You may want to talk to an estate planner, accountant or attorney before you make your decision.