

ENROLLMENT CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer Old Dominion University Research Foundation	Group Customer # 104994	Report #	Sub Code	Branch
Date of Hire (MM/DD/YYYY)		Coverage Effective Date (MM/DD/YYYY)		

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)		
Name (First, Middle, Last)	Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)	Date of Birth (MM/DD/YYYY)	
Phone#	Email Address	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY)

<input checked="" type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental/Optional Life Enter a multiple of \$10,000 up to a maximum of the lesser of 50% of Basic Annual Earnings and \$500,000. \$ _____ <input type="checkbox"/> Dependent Spouse Life ^{1,3} Enter a multiple of \$5,000 up to a maximum of \$250,000. \$ _____ <input type="checkbox"/> Dependent Child Life

Accidental Death & Dismemberment (AD&D) Insurance
<input checked="" type="checkbox"/> Basic AD&D <input type="checkbox"/> Supplemental/Optional AD&D <input type="checkbox"/> Dependent Spouse AD&D <input type="checkbox"/> Dependent Child AD&D <input type="checkbox"/> Voluntary AD&D First select your option <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee Spouse

GEF13-1
 ADM
 (The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana;
 GEF02-1
 ADM applies to residents of Connecticut, North Dakota and Utah)

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

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