

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Old Dominion University Research Foundation	104994			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

I have read my enrollm

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.

**Old Dominion University Research Foundation
EF-XDP101M-VA (07/19)**

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

<input type="checkbox"/>				
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL:
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL:

DECLARATIONS AND SIGNATURE

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