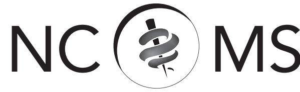
Enrollment Application and Change Form Addendum (Life Insurance)



North Carolina Medical Society Employee Benefit Plan

Please complete this form if your employer offers Term Life/AD&D coverage as a multiple of your salary or if your employer offers the choice of two flat coverage amounts.

□ New Employee □ Salary Change
□ Reinstatement (Complete Date of Rehire as Date Employed Full-time)

SECTION 1 - Applicant Information

Employee Name (First, M.I., Last)			For Name Change, Give Prior Last Name	
Social Security #	Date of Birth	Sex □ Male □ Female	State of Residence	Marital Status
Occupation	Date Employed Full-time	Hours worked weekly	Salary[1] $________ □Weekly □Monthly □Annual	
Employer's Name		Are you actively at work on the date of this application? □Yes □No		

[1]Salary information will be used to calculate coverage amount if your employer offers Term Life coverage as a multiple of your salary.

SECTION 2 - Requested Coverage Amount (Check with your employer for available coverage amounts)

$________________

NOTE: Please complete the Beneficiary Designation/Change section of the Enrollment Application and Change Form provided by your employer if you have not already done so or if you are making a change to your Beneficiary Designation.

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. If the Group Insurance Plan provides that any contributions be made by me, I authorize my employer to deduct from my pay.

I understand that Evidence of Insurability (EOI) will be required if I elect the higher of the two Term Life coverage amounts offered by my employer or if I am applying for a coverage amount above $150,000 as a multiple of my salary. If EOI is required, I will complete the Evidence of Insurability and Authorization For Release of Medical Records forms provided by my employer and submit to a medical exam. I understand that if EOI is required and I am not approved for coverage at the requested amount, I will receive the lesser of the two Term Life coverage amounts offered by my employer, or $150,000 if coverage is a multiple of my salary.

Warning: Any person who commits a fraudulent act may be subject to fines and confinement in prison.

Signature of Employee:______________________________ Date:______________________

LADD001, 04/08

NCMS Plan Group Term Life and AD&D products are underwritten by USAble Life Insurance Company.