

Life and AD&D and Disability Income Insurance Enrollment Form

INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee. All new life or disability income coverage or any increases in life or disability income coverage will require evidence of insurability (proof of good health) if plan participation requirements are not met. Any references to life or disability income coverage being obtained without evidence of insurability in the sections below are only applicable if the plan participation requirements are met.

Name of Employer/Plan Sponsor School Administrative Unit 39		Group/Plan Number 673722	Account Number/Location	
Class/Occupation	Date of Hire (mm/dd/yyyy)	Annual Salary	Employment Status:	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Retired <input type="checkbox"/> Active Part-Time
This change is due to: (check all that apply)			Effective Date of Coverage or Change:	
<input type="checkbox"/> Initial Eligibility Following Hire		<input type="checkbox"/> Late Entrant*		
<input type="checkbox"/> Change in Coverage Amount		<input type="checkbox"/> Other: _____		

*A late entrant is an individual who is first enrolling for disability income coverage after the first available opportunity.

Employee Information

Employee Name (last, first, middle initial)		Date of Birth (mm/dd/yyyy)	Social Security #	Employee I.D. #
Employee Address (street address, city, state, zip code)		Work Phone Number	Home Phone Number	<input type="checkbox"/> Female <input type="checkbox"/> Male

Disability Income Coverage

Monthly Income Benefits (LTD)	<input checked="" type="checkbox"/> Elect Coverage (Note: LTD coverage is employer provided.)
-------------------------------	---

Employee Life and Accidental Death & Dismemberment Insurance

Basic Life & AD&D	<input checked="" type="checkbox"/> Employee Only—Elect Coverage (Note: Basic Life and AD&D insurance is employer provided.)
-------------------	--

Beneficiary Information *Designate your beneficiary(ies) below.*

Name of Beneficiary (last name, first, middle initial)	<input checked="" type="checkbox"/> Primary	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

Name of Beneficiary (last name, first, middle initial)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

Name of Beneficiary (last name, first, middle initial)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

Employee's Signature	Date Signed (mm/dd/yyyy)
----------------------	--------------------------



DESIGNATION OF DEATH BENEFICIARY(IES) PRE-RETIREMENT

STEP 1 – To designate one or more primary beneficiary(ies), complete Section I.

STEP 2 – To designate one or more contingent beneficiary(ies), who will receive the death benefit if the primary beneficiary(ies) is deceased at the time of the member’s death before retirement, complete Section II.

STEP 3 – Section III must include the member’s signature, acknowledged in the presence of a Notary Public or Justice of the Peace. This form must be completed and filed with the New Hampshire Retirement System (NHRS) at the address noted above for this beneficiary designation to take effect. Members should retain a copy of this form for their records.

NOTE – If the member designates a trust as a beneficiary in Section I or II, the designation must provide the name and address of the trustee(s). In addition, a *Death Benefits Designation of a Trust as Beneficiary* form must also be completed.

(See reverse side for more information before completing this form.)

SECTION I – DESIGNATION OF PRIMARY BENEFICIARY(IES)					
I designate the following person(s), estate, or trust as my primary beneficiary(ies). To designate additional primary beneficiaries, initial here _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Primary Beneficiary's Name	Distribution Percentage	Primary Beneficiary's Address	Primary Beneficiary's Social Security #	Primary Beneficiary's Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				
4.	%				

SECTION II – DESIGNATION OF CONTINGENT BENEFICIARY(IES)					
I designate the following person(s), estate, or trust as my contingent beneficiary(ies). To designate additional contingent beneficiaries, initial here _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Contingent Beneficiary's Name	Distribution Percentage	Contingent Beneficiary's Address	Contingent Beneficiary's Social Security #	Contingent Beneficiary's Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

SECTION III – MEMBER'S SIGNATURE AND ACKNOWLEDGMENT					
This designation of the above named beneficiary(ies) revokes any and all prior NHRS <i>Designation of Death Beneficiary(ies) (Pre-Retirement) (D-NHRS-2)</i> forms. I have read and understand the information on both sides of this form.					
Member's Name _____		Member's Address _____			
Member's Signature _____		Date _____ / _____ / _____		Social Security # _____ - _____ - _____	
State of _____		County of _____			
The foregoing instrument was acknowledged before me this _____ by _____					
		Date		Member's Name	
_____ Signature of Person Taking Acknowledgment		_____ Title (Notary Public or Justice of the Peace)		_____ Expiration Date <i>Affix Seal</i>	

The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.

BENEFICIARY DESIGNATIONS BEFORE RETIREMENT

Single Primary Beneficiary - One person, an estate, or a trust designated by a member to receive 100% of any NHRS death benefit and/or refund of the member's accumulated contributions, which may be payable upon the member's death before retirement.

Multiple Primary Beneficiaries - More than one person, which may include an estate and/or trust, designated by a member to each receive a percentage of any NHRS death benefit and/or refund of the member's accumulated contributions, which may be payable upon the member's death before retirement.

Contingent Beneficiary(ies) - The person(s), estate, or trust who would become eligible for any NHRS death benefit and/or refund of the member's accumulated contributions if the primary beneficiary(ies) is deceased at the time of the member's death before retirement.

Member's Estate or Trust - Members may designate an estate or a trust as a primary or contingent beneficiary. If a trust is the designated beneficiary, the member must also complete a *Death Benefits Designation of a Trust as Beneficiary* form, acknowledging an understanding and satisfaction of all the terms, conditions, and requirements applicable to designating a trust as beneficiary. Only a lump-sum payment may be made to an estate or trust.

EXPLANATION OF DEATH BENEFITS

ORDINARY DEATH BENEFIT (Non Job-Related Death) – RSA 100-A:9

The Ordinary Death Benefit may be payable to the member's designated beneficiary(ies) if the member dies before retirement and while in service for reasons that are not related to the job.

If the member had at least 10 years of combined creditable service or was eligible for Service Retirement at the time of death, and the member's spouse is the only designated beneficiary, the surviving spouse may choose to receive either an annual pension until death equal to 50% of the member's Service Retirement pension, or, a lump sum payment equal to the member's annual earnable compensation, plus a refund of the member's accumulated contributions.

If the member did not have at least 10 years of combined creditable service, was not eligible for Service Retirement, and either left no surviving spouse or designated someone other than the surviving spouse as beneficiary at the time of death, the member's designated beneficiary(ies) will receive a lump sum payment equal to the greater of either \$3,600 or the member's annual earnable compensation, plus a refund of the member's accumulated contributions.

ACCIDENTAL DEATH BENEFIT (Job-Related Death) – RSA 100-A:8

The Accidental Death Benefit may be payable to the member's eligible beneficiary(ies) if the member dies before retirement and while in service as a result of an accident occurring while in the performance of duty in an NHRS-covered position and not due to the member's willful negligence. The beneficiary(ies) of Group II members may also be eligible for Accidental Death Benefits payable as a result of repeated trauma, gradual degeneration, or occupational disease occurring while in the performance of duty.

- If the member was married at the time of death, the surviving spouse will receive a lifetime annual pension. For Group I members, the pension shall equal 50% of the member's Average Final Compensation at the date of the member's death. For Group II members, the pension shall equal 50% of the member's annual rate of earnable compensation at the date of the member's death. A refund of the member's accumulated contributions will also be paid to the member's designated beneficiary(ies) for both Group I and Group II.
- If the member leaves no surviving spouse, or if the surviving spouse dies, the pension will be payable to the member's children, until attainment of age 18.
- If the member leaves no surviving spouse and no children under age 18, the pension will be payable to the member's dependent mother or father for life.
- If the member leaves no survivors who are eligible for the annual pension, the member's designated beneficiary(ies) will receive a lump sum payment equal to the member's base salary plus accrued benefits not paid at the time of death, plus a refund of accumulated contributions.

Please note that this benefit may be reduced by amounts paid under Workers' Compensation or similar laws.

DEATH OF MEMBERS WHO ARE NOT IN SERVICE

A member must be *in service* at the time of death for the beneficiary(ies) to be eligible for Ordinary or Accidental Death Benefits. If a member's death occurs when the member is not *in service*, only a refund of the member's accumulated contributions will be payable to the member's beneficiary(ies) or estate.

403(b) Plan or 457 Plan Beneficiary Changes

To change a beneficiary on your 403(b) Plan or 457 Plan please contact your plan provider.