

Maryland Troopers Association

The Standard Insurance Form Instructions

You will need the following information to complete the attached Standard Insurance Form.

- A. The Group Policy Number is **648355**
- B. The Employer Name is the **Maryland Troopers Association**
- C. Job Title/Occupation (Example: MSP/Active or MSP/Retired)
- D. Your **Basic Life Coverage** is for \$45,000 on yourself up to age 70. At 70 yrs and older, coverage is \$4,000. A spouse is covered under a \$6,000 policy and dependent children are covered under a \$4,000 policy. The administration of our benefits depend on this information being current and properly documented. If you get married, have children, get divorced or change your address, we need to know so that our records are current. Please call the office at 1-800-TROOPER if you have any changes. This coverage is at **no extra cost** to you.
- E. You may specify as many individuals as your beneficiary as you like, but the total proceeds must equal 100%.

In other words if you have two primary beneficiaries they must be split 50/50, 90/10, 80/20...however just as long as it equals 100%.

If you have any additional questions regarding the completion of this form please call the MTA office at 410-653-3885 or 1-800-TROOPER.

*** Please note that The Standard will not accept any forms with whiteout or cross outs.**

03/07/2013

To Be Completed By Human Resources *Maintain completed form for your records.*

Group Number 648355		Billing Category	Date Joined MTA
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To Be Completed By Applicant *Check all boxes and complete all sections that apply. Return completed form to your Human Resources Department.*

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address	City	State	ZIP	Phone Number
Employer Name Maryland Troopers Association	Job Title/Occupation			

Change *Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.*

Beneficiary Change *Fill out the Beneficiary Section below.*

Name Change Former name _____

Add or Delete Dependent Date of add/delete _____ Reason _____

Other _____

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

Life Insurance

Life (Employer Paid)

Dependents Life Insurance

Spouse/Child(ren) Life - *(Only available to those with eligible dependents)*

Beneficiary *This designation applies to Life Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.*

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.