HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
200 Hopmeadow Street
Simsbury, Connecticut 06089
(A stock insurance company)

THE HARTFORD

ENROLLMENT FORM

EMPLOYER INFORMATION	EMPLOYER'S FULL LEGAL NAME JESSAMINE COUNTY BOARD OF EDUCATION		GROUP POLICY# 358030	
ENROLLMENT INFORMATION	Please check one of the following:			
	[X] INITIAL ENROLLMENT		EFFECTIVE DATE:	
	[ ] CHANGE TO EXISTING ENROLLMENT		EFFECTIVE DATE:	
	[ ] FAMILY STATUS CHANGE (TYPE):		EFFECTIVE DATE:	
EMPLOYEE INFORMATION	EMPLOYEE NAME	DATE OF BIRTH	EMPLOYEE ID/SSN	DATE OF HIRE
	ADDRESS	CITY	STATE	ZIP CODE
	SPECIALTY/OCCUPATION	EARNINGS (AS DEFINED BY THE POLICY) $ [ ] HR [ ] MO [ ] YR	# HOURS WORKED PER WEEK	LOCATION
DEPENDENT INFORMATION	SPOUSE'S NAME	GENDER __ M F	DATE OF BIRTH	DATE OF MARRIAGE
	CHILD'S NAME	GENDER __ M __ F	DATE OF BIRTH	
	CHILD'S NAME	GENDER __ M __ F	DATE OF BIRTH	
	CHILD'S NAME	GENDER __ M F	DATE OF BIRTH	
	CHILD'S NAME	GENDER M F	DATE OF BIRTH	
APPLICABLE BENEFIT ELECTIONS	Please make your benefit elections by checking the appropriate box. Contact your employer for plan details.			
	SHORT TERM DISABILITY	[ ] YES	[ ] NO	COST
	For DISABILITYFLEX℠ choose:			
	WEEKLY BENEFIT CHOICE $	BENEFIT DURATION	BENEFIT COMMENCEMENT PERIOD	
	LONG TERM DISABILITY	[ ] YES	[ ] NO	COST .0023 x Salary÷ 26
	BASIC LIFE AND AD&D*			
	EMPLOYEE	[X] YES $ 20,000	[ ] NO	COST $0.00
	SPOUSE	[ ] YES $	[ ] NO	COST
	CHILD	[ ] YES $	[ ] NO	COST
	*If applicable, the accidental death benefit (AD&D) will equal the face amount of the life insurance elected.			
	SUPPLEMENTAL LIFE AND AD&D*			
	EMPLOYEE	[ ] YES $	[ ] NO	COST
	SPOUSE	[ ] YES $	[ ] NO	COST
	CHILD	[ ] YES $	[ ] NO	COST
	*If applicable, the accidental death benefit (AD&D) will equal the face amount of the life insurance elected.			
	SUPPLEMENTAL AD&D			
	EMPLOYEE	[ ] YES $	[ ] NO	COST
	SPOUSE	[ ] YES $	[ ] NO	COST
	CHILD	[ ] YES $	[ ] NO	COST

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BENEFICIARY DESIGNATION

☐ Initial Beneficiary Designation(s) OR ☐ Change of all prior beneficiary designation(s) *(check only one box)*, I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name:	Employee ID Number:	Social Security Number: XXX XX ☐☐☐☐
Employee Address:		Telephone Number: ( )
Policyholder/Employer:		Policy Number:

NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your Company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

PRIMARY BENEFICIARY(IES)

Name: ______ Date of Birth: ______
Address: ______ Telephone Number: ( ) ______
Social Security Number: ______ Relationship: ______ Benefit Percent: ______ %

Name: ______ Date of Birth: ______
Address: ______ Telephone Number: ( ) ______
Social Security Number: ______ Relationship: ______ Benefit Percent: ______ %

Name: ______ Date of Birth: ______
Address: ______ Telephone Number: ( ) ______
Social Security Number: ______ Relationship: ______ Benefit Percent: ______ %

CONTINGENT BENEFICIARY(IES)

Name: ______ Date of Birth: ______
Address: ______ Telephone Number: ( ) ______
Social Security Number: ______ Relationship: ______ Benefit Percent: ______ %

Name: ______ Date of Birth: ______
Address: ______ Telephone Number: ( ) ______
Social Security Number: ______ Relationship: ______ Benefit Percent: ______ %

Disclaimer: Spousal consent does not apply to ERISA plans.
Spousal Consent For Community Property States Only: If you live in a community property state - Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group life and/or accidental death insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse: ______ **Date:** ______

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee: ______ **Date:** ______

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA)