



Life Insurance Enrollment Form

WEA Insurance Corporation
P.O. Box 259537, Madison, WI 53725-9537
800.279.4000 · weatrust.org

Please complete every section and every field on this form. Applications not completed in full cannot be processed.

Section 1—Employee Information

Employee Legal Name (Last, First, Middle Initial)

Street Address (or P.O. Box) City State Zip

Date of Birth (MM/DD/YYYY) Telephone Number

Social Security Number Subscriber ID Number (not applicable for first time enrollment)

Gender: Male Female
Marital Status: Single Married Domestic Partnership

Are you:
 Totally disabled? On sick leave? On medical leave? Retired? On COBRA? If YES, please provide start date: ___/___/___

Section 2—Employment Information

Employer Name

WEA Trust Group Number First Day of Employment (MM/DD/YYYY) Annual Salary Average Hours Worked/Week

Occupation

Section 3—Reason for Enrollment

Choose one of the reasons for your enrollment below:

- New employee
- Birth, adoption/placement for adoption
- Divorce
- Rehire
- Marriage, adding spouse and/or dependents
- Change of Occupation
Previous Occupation: _____
- Return from layoff
- Change in work hours
Indicate the number of hours per week you were working: _____ hours
- Change of beneficiary information
(Please complete Beneficiary Section on page 4)
- Return from leave
- Other: _____

Date the event indicated above occurred (MM/DD/YYYY)

(continue to next page)



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Employee Social Security Number or Subscriber ID Number: _____

Section 4—Type of Insurance Coverage (to determine if you are eligible for Additional Purchase Life Coverage or Dependent Life Coverage, please check with your employer)

Employee Life Coverage

Additional Purchase Options

Additional Purchase

Please indicate the amount:

\$25,000

\$50,000

\$75,000

\$100,000

\$_____

**Dependent Life Insurance Options
(Select One)**

Dependent Life Insurance **Option 1**
(\$7,500 spouse & \$3,750 per child)

Dependent Life Insurance **Option 2**
(\$15,000 spouse & \$7,500 per child)

Dependent Life Insurance **Option 3**
(\$30,000 spouse & \$15,000 per child)

Section 5—Waiver of Coverage

I understand that I am eligible to apply for life insurance coverage through my employer. I do not want, and hereby waive, any life insurance coverage.

Please check this box if you are waiving coverage.

Waiving life insurance coverage may not be permissible in some cases. Please check with your employer if you are uncertain whether you are required to enroll.

Signature: _____

Date: _____

(continue to next page)



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Employee Social Security Number or Subscriber ID Number: _____

Section 6—Dependent Information *(Please complete in full if you are applying for dependent life coverage)*

_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Social Security Number
Relationship of Dependent: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legal Ward <input type="checkbox"/> Other: _____				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Is this dependent disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No				

_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Social Security Number
Relationship of Dependent: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legal Ward <input type="checkbox"/> Other: _____				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Is this dependent disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No				

_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Social Security Number
Relationship of Dependent: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legal Ward <input type="checkbox"/> Other: _____				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Is this dependent disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No				

_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy)	Social Security Number
Relationship of Dependent: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legal Ward <input type="checkbox"/> Other: _____				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Is this dependent disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No				

For each additional dependent - attach a separate piece of paper including the information above

Section 7—Signature and Authorization Required to Process Form

I understand that if I do not apply for life insurance coverage when initially eligible and instead apply later, my dependents and I will be required to meet very strict standards of insurability and there is no guarantee I/we will be accepted for coverage. I understand that the amount of life coverage applied for may require me or my dependents to meet standards of insurability before such coverage is effective. If any of the plans require a salary deduction, I hereby authorize my employer to make all necessary deductions.

Signature _____

Date (MM/DD/YYYY) _____

To name or change a beneficiary continue to next page to complete the Life Beneficiary Designation Form



Life Insurance Beneficiary Designation Form

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P.O. Box 259537, Madison, WI 53725-9537
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Your Legal Name	Your Social Security Number
Your Current Address (Street, City, State)	Your Subscriber ID Number (if this is NOT your first beneficiary designation)

Completing Your Beneficiary Designation Form

Things to Know Before You Complete this Form:

- Use full, legal names when naming your beneficiaries (for example, Susan G. Larsen, not Mrs. Jerome H. Larsen or Robert M. Carter not Bob Carter).
- Fill out the form in ballpoint pen (preferably black) NOT pencil.
- Make sure the total percentages for all *primary* beneficiaries equal 100%.
- Make sure the total percentages for all *secondary* beneficiaries equal 100%.
- Make sure your spouse signs and dates the beneficiary form IF they are not listed as 100% primary beneficiary.
- List the relationship as “other” if you list a beneficiary that is not a person (e.g., charitable organization or trust).
- If more space is needed to list your beneficiaries attach a separate sheet of paper to this form and indicate for each additional beneficiary, whether they are a primary or secondary beneficiary along with the beneficiary’s name, relationship, date of birth, and the percentage of proceeds they should receive. You must also sign and date the separate sheet.
- Retain a copy of your completed beneficiary designation form for your records.
- Do not name the same person(s) as both primary and secondary beneficiary.
- Do not name yourself as a beneficiary.
- Do not use white out or any other correction fluid on the form.

Please clearly indicate your primary and secondary beneficiary(ies) below. Proceeds are paid to secondary beneficiary(ies) only if there is no surviving primary beneficiary(ies). If you name multiple primary or secondary beneficiaries but don’t indicate any percentage distribution in the last column, then any proceeds payable to such beneficiaries will be split equally.

Primary Beneficiary(ies)

Primary Beneficiary’s Name	Relationship to You	Date of Birth	Percentage of Proceeds
Legal Name:			
Legal Name:			
Legal Name:			
Legal Name:			

Percentage of Primary Proceeds Must Total 100%



Life Insurance Beneficiary Designation Form

Secondary Beneficiary(ies)

Secondary Beneficiary's Name	Relationship to You	Date of Birth	Percentage of Proceeds
Legal Name:			
Legal Name:			
Legal Name:			
Legal Name:			

Percentage of Secondary Proceeds Must Total 100%

Spousal Consent (required only if spouse is not designated as sole primary beneficiary)

As spouse of the insured, I hereby consent to my spouse designating the person(s) listed as beneficiaries of group life or accidental death insurance under the 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 policy.

Signature of Spouse

Date

Insured's Authorization and Signature

This beneficiary designation revokes all prior beneficiary designations. Notwithstanding any legal presumptions, a divorce, annulment, or similar event will not invalidate a life insurance beneficiary designation which named a former spouse. Beneficiary designations are not valid without a signature and date.

Signature of Employee

Date

For responses to Frequently Asked Questions, please continue to the next page.

Frequently Asked Questions

What if I don't name a beneficiary for my life insurance?

Naming a beneficiary(ies) provides a better experience for your loved ones and helps to ensure that benefits will be paid according to your wishes. If you do not name a beneficiary, benefits will be paid to the members of your first surviving class according to the Group Life Certificate of Coverage. This means your legal spouse will be paid as the first person listed in the order. If there is no spouse the benefit will be paid in equal shares to your surviving children; if none, then to your parents; if none, then to your brothers and sisters; if none, then to your estate. The same process would be followed if your designated beneficiary is no longer living at the time of your death.

What is a primary beneficiary?

A primary beneficiary is the first person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each primary beneficiary; these percentages should total 100%.

What is a secondary beneficiary?

A secondary beneficiary is the person(s) you name to receive your life insurance benefit if your primary beneficiary is no longer living at the time of your death. Please specify the percentage of the benefit you want paid to each primary beneficiary; these percentages should total 100%.

Can I name a minor child as a beneficiary?

You may name a minor child as a beneficiary. However, we cannot make payment of benefits directly to a minor. Any payment to a minor beneficiary shall be made to the legally appointed guardian of the estate or conservator of the minor, unless otherwise permitted by law. Please consult with an estate planning professional before naming a minor child as a beneficiary.

How do I name a charitable organization as a beneficiary?

A charitable organization may be named as a beneficiary. You will need to indicate under primary or secondary beneficiary the name of the charitable organization, a contact for the organization, the organization's tax identification number, and the percentage of the benefits that would be payable to them.

How do I name my estate as the beneficiary?

You may name your estate as a beneficiary. To name your estate as the beneficiary indicate "My Estate" as the beneficiary under primary or secondary beneficiary. If you know who the executor or administrator of your estate will be, you should also include that person's name. For example: My Estate, John Doe Executor.

How do I name a trust as the beneficiary?

You may designate as trust a beneficiary. To name a trust as a beneficiary, indicate the name of the trust and trust agreement date. If the trust has a tax identification number, the ID number should be provided.

How often can I change my beneficiary?

You can change your beneficiary as often as you wish by completing and returning a new beneficiary designation form to WEA Trust. Beneficiary forms are available on our website at www.weatrust.org.

If my spouse or children have Dependent Life Insurance under my policy, am I the beneficiary?

Yes, according to the Group Life Certificate of Coverage, as the insured member you are automatically the beneficiary.

Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

Don't forget to save your work to your computer or device often.

You can submit forms and correspondence to us in whatever way works best for you ...

Postal Service

Address your envelope to:

WEA Trust

PO Box 259537

Madison, WI 53725-9537

Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

608.276.9119

Secure File Upload

Send scanned or electronically completed forms to us via our www.weatrust.org website at:

<https://weatrust.org/secure-file-upload-1>

Email

Attach your scanned or electronically completed forms to an email and send to us at:

customerservice@weatrust.org

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.