



Beneficiary Life/LTD enrollment form

Complete entire form to make changes.

Employer

Employer to send completed form to AWC at benefitinfo@awcnet.org or fax to 360.753.0149 or mail to 1076 Franklin Street SE, Olympia, WA 98501-1346

Employer name

Date of hire

Effective date

Employee

Please print legibly in blue or black ink.

SSN

Employee name (last, first, initial)

Date of birth

Gender

Home/mailing address

Phone (with area code)

City

State

Zip

Email address

Occupation

Annual salary

Class/bargaining unit

Beneficiaries

For life insurance policies as underwritten by Standard Life Insurance only. Please note that in community property states, including Washington, the spouse has legal right to 50% of the benefits, in the event of the employee's death. Additional beneficiaries may be added on a separate page.

Primary beneficiary name (last, first, initial)

Contingent beneficiary name #1 (last, first, initial)

SSN

Date of birth

SSN

Date of birth

Address

Address

City

State

Zip

City

State

Zip

Relationship to insured

Percent of proceeds

Relationship to insured

Percent of proceeds

Contingent beneficiary name #2 (last, first, initial)

Contingent beneficiary name #3 (last, first, initial)

SSN

Date of birth

SSN

Date of birth

Address

Address

City

State

Zip

City

State

Zip

Relationship to insured

Percent of proceeds

Relationship to insured

Percent of proceeds

Your signature is required

I hereby verify that all of the information specified on this form is accurate and complete. By signing below, I have authorized the release of information for myself and my dependents to Standard Life Insurance.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Standard Consumer Privacy Notices by contacting the carrier directly.*

Signature _____

Date _____

Life



1100 SW 6th Ave
Portland, OR 97204

Standard Insurance Company

Basic life w/AD&D \$ _____

Dependent life

Plan option 1

Plan option 2

Plan option 3

Plan option 4

Employee additional life \$ _____
Note: EOI form required if over \$80,000.

Spouse additional life \$ _____
Note: EOI form required if over \$20,000.

Employee Assistance Program



NBC Tower
455 N. Cityfront Plaza Drive
Chicago, IL 60611-5322

ComPsych

1-6 sessions – Included when enrolled on any AWC Trust plan

1-8 Buy-up

1-10 Buy-up

Long-term disability



1100 SW 6th Ave
Portland, OR 97204

Standard Insurance Company

90-day: 60% benefit

90-day: 67% benefit

180-day: 60% benefit

180-day: 67% benefit