



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/mailling 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)

SSN

Date of birth

Address

City

State

Zip

Relationship to insured

Percent of proceeds

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

SSN

Date of birth

Address

City

State

Zip

Relationship to insured

Percent of proceeds

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

SSN

Date of birth

Address

City

State

Zip

Relationship to insured

Percent of proceeds

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

SSN

Date of birth

Address

City

State

Zip

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