



Maine Municipal  
 Employees Health Trust  
 60 COMMUNITY DRIVE  
 AUGUSTA, MAINE 04330  
 www.mmeht.org

Standard Insurance Co.  
**Group Policy No. 648982**

**MMEHT LIFE INSURANCE PLAN  
 ENROLLMENT FORM**

Please Print

<b>Employer</b>	<b>Date of Hire</b>	<b>Annual Salary</b>
-----------------	---------------------	----------------------

Employee Legal Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 Employee Address: \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Gender \_\_\_ Marital Status \_\_\_ Date of Birth \_\_\_\_\_

**I would like to enroll in the following Life Insurance coverage(s):**

**Type of Coverage** – Check coverage and level option(s) desired only if offered by your employer

- Basic Life
- Life – No Medical
- Supplemental Life  Please enroll me for:  1x  2x  3x salary.
- Dependent Life  Please enroll me in:  Option A  Option B

**Dependent Information: Complete only if enrolling in Dependent Life**

Name	Date of Birth	Relationship

**Beneficiary Designation: Please designate each name as Primary (P) or Contingent (C) in last column**

Name	Relationship	Address	Percentage	P or C

I hereby apply for life insurance to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the Maine Municipal Employees Health Trust. If I do not elect the health coverage, I understand that I have the option to enroll in Basic Life for a monthly premium. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance.

**Enrolling in Life Insurance:** Signature \_\_\_\_\_ Date: \_\_\_\_\_

I do not wish to enroll in **Basic Life** , **Supplemental Life** , or **Dependent Life** , at this time. I understand that if I do not enroll when I am first eligible, I will be subject to Evidence of Insurability at a later date. (Please check all appropriate boxes as indicated above.)

**Not Enrolling in Life:** Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ IMPORTANT INFORMATION ON THE NEXT PAGE**

EMAIL COMPLETED FORM TO [HTBILLING@MEMUN.ORG](mailto:HTBILLING@MEMUN.ORG) OR FAX (207) 624-0166  
 PLEASE MAKE A COPY TO RETAIN FOR YOUR RECORDS

**DEFINITIONS:**     **Primary Beneficiary** – The person or persons you want to receive the life insurance benefits if you die.  
                          **Contingent Beneficiary** –The person or persons you want to receive the life insurance benefit if no Primary Beneficiary is alive on the date of your death.

**Note:**

If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries who are then still living, unless their shares are specified. If there is no named beneficiary or if no beneficiary survives, settlement will be made in the following order: surviving spouse; equal shares to surviving children; equal shares to surviving parents; equal shares to surviving siblings; your Estate.

A member cannot be covered as both an employee/retiree under Basic or Supplemental coverage and also as a dependent under Dependent Life coverage.

**IMPORTANT NOTICE:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**General Disclosure:**

Group Life Insurance coverage is issued by Standard Insurance Company. The phone number for Life Claims is: 1-800-628-8600. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Standard Insurance Company, the terms of the Group Contract will govern.

**Please Return Completed Form to:**

[htbilling@memun.org](mailto:htbilling@memun.org) or fax (207) 624-0166

or mail to:

Maine Municipal Employees Health Trust  
60 Community Drive  
Augusta, Maine 04330

For questions, please call the Billing & Enrollment Dept. at 207-621-2645 or (within Maine) 800-452-8786 EXT. 2585