SISC III
Self-Insured Schools of California
Schools Helping Schools

PLEASE PRINT

Basic Life/AD&D Insurance Enrollment Form

A. EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Social Security Number	Gender ☐ M ☐ F	Date of Birth

Street Address	Apt No.	City	State	Zip Code

☐ Active Full-time Employee ☐ Active Part-time Employee ☐ Retired

B. DEPENDENT COVERAGE - Complete this section if Dependent Coverage is offered by your District

Spouse Name (Last, First MI) # of Dependent Children

C. BENEFICIARY DESIGNATION (Right to change beneficiary is reserved to the insured)

Primary Beneficiary(ies) Last Name	First Name	M.I.	Relationship	Benefit Percentage (Must total 100%)
1.				
2.				

Contingent Beneficiary(ies) Last Name	First Name	M.I.	Relationship	Benefit Percentage (Must total 100%)
1.				
2.				

Please note that the employee is the beneficiary for any dependent insurance coverage.

D. INSTRUCTIONS FOR COMPLETING THIS FORM

Application for Basic Life Insurance must be made within 31 days from the date the employee becomes eligible (or as otherwise stated in the policy).

E. SIGNATURE (THIS FORM MUST BE SIGNED)

- The statements on this form are true and complete to the best of my knowledge and belief.
- I understand that any person knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.
- I understand that my coverage begins on the effective date assigned by United HealthCare Insurance Company, provided I am actively at work.
- I understand that Evidence of Insurability may be required for coverage to become effective.

X _____ _____

Signature of Employee Date

F. DISTRICT USE ONLY

District Name	District #	Account #
Tulare County Office of Education	10546	300003
Employee Effective Date (mm/dd/yyyy)	Amount of Coverage $50,000	Weekly hours worked
Employee Occupation/Classification	Coverage for (Check one): ☐ Employee Only ☐ Employee and Dependents	

Unimerica Workplace Benefits' insurance products are underwritten by Unimerica Insurance Company (rated A by A.M. Best) or United HealthCare Insurance Company (rated A+ by Standard & Poors). Some products may not be available in certain states.

Unimerica Workplace Benefits
A UnitedHealth Group Company

100-5113 3/05

White/Original: SCHOOL DISTRICT COPY Pink/2nd Copy: SISC Yellow/3rd Copy: Employee