



The Standard Insurance Company
 1100 SW Sixth Avenue
 Portland OR 97204

Class 2: **Management**
 Policy Holder: **Santa Ana Unified School District**
 Policy #: **644015**

I. EMPLOYEE INFORMATION *Print or type in dark ink and check (✓) each applicable box*

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER	
ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE NUMBER

BASIC LIFE INSURANCE

The Standard Insurance Company has developed this document to provide you with information about your coverage offered through the Santa Ana Unified School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to your group insurance certificate, which contains a detailed description of the insurance coverage. The information presented below is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by The Standard Insurance Company.

ELIGIBILITY

To be eligible for this plan you must be an active full time employee of the Santa Ana Unified School District, regularly working at least 20 hours each week, or a Certificated Shared contracted employee regularly working at least 4 hours per week.

The policy excludes temporary or seasonal employees, full time members of the armed forces, leased employees or independent contractors.

EMPLOYEE COVERAGE AMOUNT

Life Insurance Benefits: Flat \$100,000.00

AGE RESTRICTIONS

Under this plan, coverage for you reduces to 65% when you reach age 65 and up to 50% when you reach age 70.

ACCELERATED DEATH BENEFITS

Up to 75%

PORTABILITY

If your insurance ends because your employment terminated, you may be eligible to buy portable group insurance coverage. Please contact The Standard Insurance Company at 1 (800) 378-4668 for additional information.

II. BENEFICIARY DESIGNATION *Attach an additional sheet if necessary*

Percentage amounts must total 100%

BENEFICIARY	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE	
ADDRESS		CITY	STATE	ZIP CODE	CONTACT NUMBER

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 Signature Date