



**The Standard Insurance Company**  
 1100 SW Sixth Avenue  
 Portland OR 97204

Class 3: **Certificated and Classified**  
 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 \$40,000.00

**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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| ADDRESS     |  |                        | CITY          | STATE        | ZIP CODE   | CONTACT NUMBER |

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

\_\_\_\_\_  
 Signature Date