

Standard Insurance Company

Portland, Oregon

Please print or type all answers

**CAPS Voluntary Accidental Death and
Dismemberment Enrollment**

Member: Male Female Occupation: _____

Full Name: _____ Birthdate: ____/____/____

Social Security Number: _____ Amount Selected: \$ _____

Dependent Coverage Elected: Yes No

BENEFICIARY DESIGNATION

Beneficiary (example: *Mary A. Doe, not Mrs. John J. Doe*) Relationship

Full Name: _____

Complete Home Address: _____

I hereby apply for insurance under the provisions of the Group Plan for which I am eligible and authorize deductions from my wages to cover my contribution, if required, toward the cost of this insurance. *(The beneficiary designation is not valid unless it is signed and dated.)*

Date: ____/____/____ Signature: **X** _____