



Beneficiary update/Life enrollment form

Complete entire form to make changes.

Employer

Employer to send completed form to AWC at benefitinfo@awcnet.org or fax to 360.753.0149 or mail to 1076 Franklin Street SE, Olympia, WA 98501-1346

Employer name _____ Date of hire _____ Effective date _____

Employee

Please print legibly in blue or black ink.

SSN _____ Employee Name (last, first, initial) _____ Date of birth _____ Gender _____

Home/ mailing address _____ Phone (with area code) _____

City _____ State _____ Zip _____ Email address _____

Occupation _____ Annual salary _____ Class/bargaining unit _____

Beneficiaries

For life insurance policies as underwritten by Standard Life Insurance only. Please note that in community property states, including Washington, the spouse has legal right to 50% of the benefits, in the event of the employee's death. Additional beneficiaries may be added on a separate page.

Primary beneficiary name (last, first, initial) _____

Contingent beneficiary name (last, first, initial) _____

SSN _____ Date of birth _____

SSN _____ Date of birth _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Relationship to insured _____ Percent of proceeds _____

Relationship to insured _____ Percent of proceeds _____

Your signature is required

I hereby verify that all of the information specified on this form is accurate and complete. By signing below, I have authorized the release of information for myself and my dependents to Standard Life Insurance.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Standard Consumer Privacy Notices by contacting the carrier directly.*

Signature _____

Date _____



Life

1100 SW 6th Ave, Portland, OR 97204
Standard Insurance Company

- Basic life w/AD&D \$ _____
- Dependent life
 - Plan option 1 Plan option 2 Plan option 3 Plan option 4
- Employee additional life \$ _____
Note: EOI form required if over \$80,000.
- Spouse additional life \$ _____
Note: EOI form required if over \$20,000.



Employee Assistance Program

NBC Tower
455 N. Cityfront Plaza Drive, Chicago, IL 60611-5322
ComPysch

- 1-3 sessions - Included when enrolled on any AWC Trust plan
- 1-5 Buy-up
- 1-8 Buy-up