



2211 Congress Street Portland, Maine 04122

THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Ventura County Community College District

Step 1: Complete your personal information

First name (please print) M. initial Last name

Social Security Number Gender Date of birth (mm-dd-yyyy)

Street address Apartment #

City State ZIP code -

Original hire date Annual salary \$ Occupation Hours worked per week

Spouse first name (please print) M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

* If you've chosen life coverage over the amount of \$150,000 for you, or \$25,000 for your spouse, please complete Evidence of Insurability. Ask your plan administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$15,000	
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$25,000 *	
<input type="checkbox"/> \$150,000 *		

Want a different amount? \$ \$

AD&D Insurance

Employee	
Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.24
<input type="checkbox"/> \$50,000	\$1.20
<input type="checkbox"/> \$100,000	\$2.40
<input type="checkbox"/> \$150,000	\$3.60

Want a different amount? \$

