

ENROLLMENT ‡CHAN	GE FORM					
GROUP CUSTOMER I	NFORMATION (To be Comp	pleted by the Record	keeper)			
Name of Group Customer/E Old Dominion University Re	• •	Group Custome 104994	Report #	Sub Code	Branch	
Date of Hire (MM/DD/YYYY)		Coverage Effect	Coverage Effective Date (MM/DD/YYYY)			
YOUR ENROLLMENT	INFORMATION (To be Con	npleted by the Emplo	yee)			
Name (First, Middlæstl).		Soc	cial Securi#y ± ±	☐ Male ☐ Female		
Address (Street, City, State,		Dat	Date of Birth (MM/DD/YYYY)			
Phone#	Email Address		☐ New Enrollment☐ Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY)			
Depender Spous è Life 1,3	ife 0 :0 a pmaximum of the lesse r y/o5 o to a maximum2 5 0,\$000. <u>\$</u>	ir Basic Annual Earniı	ngs and \$50 <u>0,</u>	000. \$		
Accidental Death & Dismem	berment (AD&D) Insurance					
☐ BasicAD&D ☐ Suppleme ☐ Voluntary AD&D First select your option ☐ Employeenly	ntal/Optional AD&Dependent S ☐ Employe⊕ Spouse	Spo⊮s&D&D ☐ Deper	ndent Child AD	0&D		
GEF13-1 ADM						

(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana; GEF02-1

ADM applies to residents of Connecticut, North Dakota and Utah)