

Please mark all boxes, complete all sections that apply, and return to your Human Resources Representative. Be sure to sign and date your Enrollment and Change form.

Beginning with your annual enrollment period for 2011 elections, you may elect to discontinue your participation in this plan each annual enrollment period with an effective date of July 1st of each year.

Note: You may also enroll online at <https://standard.benselect.com/stateofutah>.

Human Resources Representative, complete the last section and return completed form to The Standard by fax (888) 644-6814.

APPLICANT	Your Name (Last, First, Middle)		Group Name State of Utah	Employee/Member ID No.	Group Number(s) 646597	
	Your Address			City	State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Job Title/Occupation		
DISABILITY	Short Term Disability Voluntary STD <input type="checkbox"/> Option 1: 7 Day Waiting Period <input type="checkbox"/> Option 2: 30 Day Waiting Period					
CHANGE	<i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i> <input type="checkbox"/> Name Change Former name _____ <input type="checkbox"/> Other _____					
SIGNATURE	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	
Human Resources - Complete this section. Retain form for your records.						
Dept #	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	