MAINE MUNICIPAL
EMPLOYEES HEALTH TRUST
60 Community Drive | Augusta, ME 04330-9486
(207) 621-2645 or 1-800-852-8300 | www.mmeht.org

Standard Insurance Company
Group Policy No. 648982

MMEHT LIFE INSURANCE PLAN
EMPLOYEE CHANGE FORM
Please Print

1. TYPE OF CHANGE	**Beneficiary Change** ☐	**Name Change** ☐ ***Previous Name***: _____	**Address Change** ☐	**Benefit Change** ☐

2. EMPLOYER SECTION	Employer: CITY OF SOUTH PORTLAND	Date of Hire:	Annual Salary: $

3. EMPLOYEE SECTION

Employee Legal Name: _____ Soc. Sec. #: _____

Employee Address: _____

Phone (H): _____ (W):_____ Gender: _____ Marital Status:_____ Date of Birth: _____

4. PLAN OPTIONS

I would like to change my Life Insurance coverage(s) as specified below (you may only select coverage options offered by your employer): * May Require Evidence of Insurability

Type of Coverage	Add *	Drop	Level			*May Require Evidence of Insurability
Basic Life	☐	☐	N/A			
Supplemental Life	☐	☐	☐ 1x salary	☐ 2x salary	☐ 3x salary	
Dependent Life	☐	☐	☐ Option A	☐ Option B		

Specify Change: _____

Dependent Information: *Note: Complete only if enrolling in or updating Dependent Life

5. DEPENDENT INFORMATION

Name	Date of Birth	Relationship

Beneficiary Designation: *Note: Please designate each name as Primary (P) or Contingent (C) in last column

6. BENEFICIARY DESIGNATION

Name	Relationship	Address	Percentage	P or C

7. AUTHORIZED SIGNATURE

I hereby apply for life insurance to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the Maine Municipal Employees Health Trust. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance.

SIGNATURE: _____ DATE: _____

PLEASE READ IMPORTANT INFORMATION ON THE NEXT PAGE

EMAIL COMPLETED FORM TO HTBILLING@MEMUN.ORG OR FAX (207) 624-0166
PLEASE MAKE A COPY TO RETAIN FOR YOUR RECORDS

DEFINITIONS: **Primary Beneficiary** – The person or persons you want to receive the life insurance benefits if you die.

Contingent Beneficiary –The person or persons you want to receive the life insurance benefit if no Primary Beneficiary is alive on the date of your death.

Note:
If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries who are then still living, unless their shares are specified. If there is no named beneficiary or if no beneficiary survives, settlement will be made in the following order: surviving spouse; equal shares to surviving children; equal shares to surviving parents; equal shares to surviving siblings; your Estate.

IMPORTANT NOTICE:
Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

General Disclosure:
Group Life Insurance coverage is issued by Standard Insurance Company. The telephone number for Life Claims is: 1-800-628-8600. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Standard Insurance Company, the terms of the Group Contract will govern.

Please Return Completed Form to:

htbilling@memun.org or fax (207) 624-0166
or
Maine Municipal Employees Health Trust
60 Community Drive
Augusta, Maine 04330

For questions, please call the Billing & Enrollment Dept. at 207-621-2645 or (within Maine) 800-452-8786 EXT. 2585