

Voluntary Life Insurance Enrollment

Administered by: Underwriting Company (herein called the "Company"): Standard Insurance Company

Policy Number: 646537

Employer Name: Coldwater Creek

If you are:

- Enrolling within your eligibility period
- If you're a late entrant, ask your employer or benefit administrator for an evidence / proof of insurability application.

PART 1 – Employee Information

Name of Employee (Last, First, M.I.)	Social Security Number - -	Date of Birth / /	Gender Male Female
Street Address		Daytime Phone (Incl. Area Code) ()	
City, State, Zip Code			
Date of Hire / /	Occupation	Effective Date / /	Location/Store # Annual Salary \$

PART 2 – Coverage Election

Employee Life Coverage

Amount Requested: \$ _____

Note: If you are 65 or older, your benefit amount will be reduced immediately per the age reduction provision.

Refusal of Coverage: This is to certify that I have been given an opportunity to participate in the Voluntary Group Life plan but have declined this coverage. I fully understand that I will not be entitled to any benefits under this coverage. I further understand that if I desire to participate at a later date, I must furnish, (at my own expense), evidence of insurability satisfactory to the Company before I may be insured under the plan. I understand that I may be turned down for coverage on the basis of my health.

Signature _____ Date _____

Tobacco User?* Yes No

If You Wish to Include Your Spouse/Domestic Partner and/or eligible Dependent Children, complete this section.

Dependent Life Coverage (as indicated below)

Name of Spouse/Domestic Partner (First, Middle, Last)	Gender (M / F)	Birth Date	Social Security #	Life Coverage Amount
Name of Dependent Children (First, Middle, Last)	Gender (M / F)	Birth Date	Social Security #	Life Coverage Amount

See Back page for additional Questions

* "Tobacco User" is an employee/spouse who has used one or more tobacco or nicotine products in the last 12 months. This question is used to determine this insurance rate if applicable to your policy. It is not used to determine eligibility or insurability.

Part 3 - Beneficiary Information

Beneficiary Name _____ Relationship _____

Social Security # _____ Phone # & Address _____

Contingent Beneficiary _____ Relationship _____

Social Security # _____ Phone # & Address _____

You are the beneficiary for Dependent Life Coverage.

I desire to participate in the Voluntary Life Insurance program as presented to me and hereby authorize my employer to make the necessary deduction from my wage or salary to pay my part of the premium.

I acknowledge having read the Fraud Notice below.

Employee Signature _____ Date _____

State Fraud Notices

FOR RESIDENTS OF AR, DC, KY, LA, ME, NM, OH, TN: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

FOR RESIDENTS OF CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FOR RESIDENTS OF NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FOR RESIDENTS OF PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.