

Enrollment Form For Group Life Insurance - Company Paid

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



Policy Number: 646537 **Employer Name:** Coldwater Creek

Employee's Last Name		First	M.I.	Social Security Number	
Employment Date MO/DAY/YR		Employee's Birth Date MO/DAY/YR	Location/Store #	Effective Date MO/DAY/YR	Occupation

Dependent's Life Benefits: Yes No (if applicable, check eligible dependents below)
 (Dependent coverage is subject to eligibility requirements.) **\$2,000** (per child amount)

Class 1 Spouse \$25,000	List children's names or provide separate sheet	Social Security number	Date of birth
Date of Birth: _____	1. _____	1. _____	1. _____
Domestic Partner \$25,000	2. _____	2. _____	2. _____
Spouse Name/Domestic Partner Name: _____	3. _____	3. _____	3. _____
	4. _____	4. _____	4. _____

As a covered employee, you have the right to select a beneficiary in accordance with the provisions of your policy. You may also have the right to change the beneficiary designated. If more than one beneficiary is designated, payment of the death benefit will be made in equal shares to each of the designated beneficiaries which survive the insured, unless some other allocation is specified by you in writing in accordance with the provisions of the policy. If no designated beneficiary survives the insured, settlement will be made in accordance with the terms of the policy.

Primary Beneficiary (Last, First, M.I.)	%	Relationship
Address & Phone Number	Social Security Number	
Contingent Beneficiary (Last, First, M.I.)	Relationship	
Address & Phone Number	Social Security Number	

Some common beneficiary designations are outlined below:

- ONE BENEFICIARY ONLY: Mary J. Smith, wife (friend, daughter, etc.)
- TWO OR MORE BENEFICIARIES, EQUAL AMOUNTS: William S. Smith, father, Alice C. Smith, sister, and Richard B. Smith, brother, equally or to the survivors equally, or to the survivor.
- UNEQUAL AMOUNTS: 50% to Mary J. Smith, wife, and 25% each to Alice C. Smith, sister, and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor.
- PRIMARY AND CONTINGENT BENEFICIARY: Mary J. Smith, wife, if living, otherwise the children born of the marriage insured to Mary J. Smith equally, or equally to the survivors, or to the survivor.
- TRUSTEE BENEFICIARY: The Trust Company of Smith, Illinois as trustee under a Trust Instrument dated December 28, 1973.

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.

I have read, understand and agree to the provisions printed above and acknowledge that the information I have provided is accurate to the best of my knowledge. I further hereby authorize my employer to make necessary payroll deduction if required.

Insured Signature: X _____ Date: _____