

voluntary life 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.

Tobacco User? Yes No

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 _____

If you wish to include your Spouse and/or eligible Dependent Children, complete this section.

Dependent Life Coverage (AS INDICATED BELOW)

Name of Spouse (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.

