

Greater Opportunities of the Permian Basin, Inc. Enrollment Form

Please print clearly and return completed form to your benefits department.

Employer Information

Employer Name			
Greater Opportunities of the Permian Basin, Inc.			
Enrollment Type			
<input type="checkbox"/> Annual Enrollment	<input type="checkbox"/> New Hire Employee	<input type="checkbox"/> Qualified Life Event	<input type="checkbox"/> Rehire Date: __/__/__
<i>(If not annual enrollment, check one box only)</i>			

Employee Information

Employee Name (Last, First, Middle)			
Residence Address 1 (Street)		Residence Address 2 (Apt #, Unit #)	
Residence Address 3 (City, State, ZIP Code)			
Social Security Number	Date of Birth	Gender	Marital Status
---*---	mm/dd/yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partner
Email Address		Phone Number	

Family & Dependent Information

If electing Dependent coverage, please complete the following:

Name (Last, First, Middle)	Gender	Date of Birth (MM/DD/YYYY)	Social Security Number	Status (check if applicable)
Spouse/Domestic Partner:	<input type="checkbox"/> M <input type="checkbox"/> F	__/__/__	---*---	
Child*:	<input type="checkbox"/> M <input type="checkbox"/> F	__/__/__	---*---	<input type="checkbox"/> Continuously Disabled <input type="checkbox"/> Married
Child*:	<input type="checkbox"/> M <input type="checkbox"/> F	__/__/__	---*---	<input type="checkbox"/> Continuously Disabled <input type="checkbox"/> Married
Child*:	<input type="checkbox"/> M <input type="checkbox"/> F	__/__/__	---*---	<input type="checkbox"/> Continuously Disabled <input type="checkbox"/> Married
Child*:	<input type="checkbox"/> M <input type="checkbox"/> F	__/__/__	---*---	<input type="checkbox"/> Continuously Disabled <input type="checkbox"/> Married

* Dependent Child coverage is subject to eligibility requirements under the policy.

Coverage Elections

Please print your name:

Please indicate your coverage elections below.

LTD Disability Coverage

Evidence of Insurability may be required. Coverage may be delayed if you are not in Active Employment due to Injury or Sickness on the date when insurance may be otherwise effective. Please see the certificate or the group policy for additional information.

Type of Coverage	Coverage Elected	Decline Coverage
Employee Long-Term Disability (Employer Paid)	<input checked="" type="checkbox"/> 60% of Basic Monthly Earnings to a monthly maximum of \$5,000	

Life and AD&D Coverage

You must enroll in optional Life and Accidental Death & Dismemberment (AD&D) coverage to elect optional dependent life and AD&D coverage. The optional spouse benefit cannot be greater than 50% of the employee optional benefit.

Evidence of Insurability may be required. Coverage may be delayed if you are not in Active Employment due to Injury or Sickness on the date when insurance may otherwise become effective. Please see the certificate or the group policy for additional information.

Complete the Beneficiary Designation Form below and return to your employer.

Type of Coverage	Coverage Elected	Decline Coverage
Employee Basic Life and AD&D (Employer Paid)	Coverage Amount* Employee Only <input checked="" type="checkbox"/> \$25,000 *Guaranteed issue amount allowed without providing Evidence of Insurability is \$25,000	
Employee Optional Life	Coverage Amount* (Check one box only) <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$110,000 <input type="checkbox"/> \$120,000 <input type="checkbox"/> \$130,000 <input type="checkbox"/> \$140,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$160,000 <input type="checkbox"/> \$170,000 <input type="checkbox"/> \$180,000 <input type="checkbox"/> \$190,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$210,000 <input type="checkbox"/> \$220,000 <input type="checkbox"/> \$230,000 <input type="checkbox"/> \$240,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$260,000 <input type="checkbox"/> \$270,000 <input type="checkbox"/> \$280,000 <input type="checkbox"/> \$290,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$310,000 <input type="checkbox"/> \$320,000 <input type="checkbox"/> \$330,000 <input type="checkbox"/> \$340,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$360,000 <input type="checkbox"/> \$370,000 <input type="checkbox"/> \$380,000 <input type="checkbox"/> \$390,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$410,000 <input type="checkbox"/> \$420,000 <input type="checkbox"/> \$430,000 <input type="checkbox"/> \$440,000 <input type="checkbox"/> \$450,000 <input type="checkbox"/> \$460,000 <input type="checkbox"/> \$470,000 <input type="checkbox"/> \$480,000 <input type="checkbox"/> \$490,000 <input type="checkbox"/> \$500,000 *Guaranteed issue amount allowed without providing Evidence of Insurability is \$100,000.	<input type="checkbox"/> I do not want this coverage

Coverage Elections (Continued)

Please indicate your coverage elections below.

Please print your name:

Type of Coverage	Coverage Elected	Decline Coverage
Spouse Optional Life	<p>Coverage Amount* (Check one box only.) Amount may not be more than 50% of the amount of Employee Optional Life Insurance.</p> <p> <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$55,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$65,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$95,000 <input type="checkbox"/> \$100,000 </p> <p>* Guaranteed issue amount allowed without providing Evidence of Insurability is \$20,000</p>	<input type="checkbox"/> I do not want this coverage.
Child(ren) Optional Life	<p>Coverage Amount (Check one box only.) Amount may not be more than 50% of the amount of employee optional life insurance.</p> <p> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000 </p>	<input type="checkbox"/> I do not want this coverage.
Employee Optional AD&D	<p>Coverage Amount* (Check one box only)</p> <p> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$110,000 <input type="checkbox"/> \$120,000 <input type="checkbox"/> \$130,000 <input type="checkbox"/> \$140,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$160,000 <input type="checkbox"/> \$170,000 <input type="checkbox"/> \$180,000 <input type="checkbox"/> \$190,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$210,000 <input type="checkbox"/> \$220,000 <input type="checkbox"/> \$230,000 <input type="checkbox"/> \$240,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$260,000 <input type="checkbox"/> \$270,000 <input type="checkbox"/> \$280,000 <input type="checkbox"/> \$290,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$310,000 <input type="checkbox"/> \$320,000 <input type="checkbox"/> \$330,000 <input type="checkbox"/> \$340,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$360,000 <input type="checkbox"/> \$370,000 <input type="checkbox"/> \$380,000 <input type="checkbox"/> \$390,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$410,000 <input type="checkbox"/> \$420,000 <input type="checkbox"/> \$430,000 <input type="checkbox"/> \$440,000 <input type="checkbox"/> \$450,000 <input type="checkbox"/> \$460,000 <input type="checkbox"/> \$470,000 <input type="checkbox"/> \$480,000 <input type="checkbox"/> \$490,000 <input type="checkbox"/> \$500,000 </p>	<input type="checkbox"/> I do not want this coverage
Spouse Optional AD&D	<p>Coverage Amount* (Check one box only.) Amount may not be more than 50% of the amount of Employee Optional AD&D Insurance.</p> <p> <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$55,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$65,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$95,000 <input type="checkbox"/> \$100,000 </p>	<input type="checkbox"/> I do not want this coverage.
Child(ren) Optional AD&D	<p>Coverage Amount (Check one box only.) Amount may not be more than 50% of the amount of Employee Optional AD&D Insurance.</p> <p> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000 </p>	<input type="checkbox"/> I do not want this coverage.

Tobacco Usage

For employees electing optional life and spouse optional life insurance, please answer the following:

Have you or your spouse/domestic partner used any tobacco or nicotine products in the past 12 months?	
Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse/Domestic Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Signature & Authorization

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

Your state may have a specific fraud warning. Please review the following Fraud Warning Statements to determine if a specific fraud warning applies to you.

I request coverage as indicated above. For payment by payroll deduction, I authorize and instruct the policyholder to deduct and remit to Liberty Life Assurance Company of Boston the applicable premium from my salary.

My coverage effective date may be delayed if I am not Actively at Work or in Active Employment because of Injury or Sickness. If applying for spouse/domestic partner coverage, coverage is subject to the delayed effective date provisions.

If applying for spouse/domestic partner coverage, coverage is subject to the delayed effective date provisions.

New York residents only - 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

<input type="checkbox"/>	ACCEPT: I request coverage as indicated above. I authorize my employer to deduct from my earnings my contributions for the coverage(s) selected.
<input type="checkbox"/>	DECLINE: I hereby decline all optional coverage as offered by my employer. I certify that I have been given the opportunity by my employer to enroll for coverage. I understand that Liberty has the right to require evidence of insurability in order to consider any later request to change this decision and that my request may be denied.
Employee Signature: _____ Date: __/__/__	

Completion of this enrollment form does not guarantee coverage. Evidence of Insurability may be required. Please see the certificate and/or group policy for additional information.

Fraud Warning Statements

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - 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 a 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.