Standard Insurance Company
CTA Benefits and Services
PO Box 4744 Portland OR 97208
Tel & TTY 800.522.0406 Fax 888.414.0393

Participant Change for CEIP-Endorsed Plans

Use this form only when you wish to make a change after insurance becomes effective. Mark all boxes that are applicable and complete all sections that apply. Please return completed form to your employer.

Employee Information

PARTICIPANT ID		POLICY NO.	SCHOOL DISTRICT *Please do not abbreviate.*	
FIRST NAME		MIDDLE INITIAL	LAST NAME	
MAILING ADDRESS		CITY	STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	HOME EMAIL ADDRESS		

Changes

☐ Name Change - Former Name _____

☐ Address Change

☐ Salary Change New Gross Annual Salary $ _____

☐ Family Status Change Date of Change _____

☐ Reinstatement Date Returning to Work _____

☐ Retirement Date of Retirement _____

☐ Terminate Coverage – *Complete Coverages section*

☐ Other _____

Coverages to Terminate

☐ **TERMINATE ALL COVERAGES**

Disability Insurance

☐ Terminate Disability Insurance Effective Date _____

Life Insurance

☐ Terminate Supplemental or Additional Life with Accidental Death and Dismemberment (AD&D) Effective Date _____

☐ Terminate Supplemental Plus Life with AD&D Effective Date _____

Dependents Life Insurance

☐ Terminate Dependents (Child option only) Life with AD&D Effective Date _____

☐ Terminate Dependents (Spouse/Domestic Partner option only) Life with AD&D Effective Date _____

☐ Terminate Dependents (Child and Spouse/Domestic Partner) Life with AD&D Effective Date _____

Signature Required

I wish to make the choices indicated on this form. I authorize my Employer to alter premium deductions from my wages based on my choices above. I understand that my Employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard.

Signature _____ Date _____