

**ENROLLMENT • CHANGE FORM**

<b>GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)</b>				
Old Dominion University Research Foundation	104994			

<b>YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)</b>		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

I have read my enrollm

**GEF13-1**  
**ADM**  
*(The form number above applies to residents of all states except as follows: Form number **GEF09-1** applies to residents of Montana; **GEF02-1** **ADM** applies to residents of Connecticut, North Dakota and Utah)*

**SUBMISSION INSTRUCTIONS**

After completion, make a copy for your records and return the original to your Employer.



**BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE**

<input type="checkbox"/>				
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL:
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL:

**DECLARATIONS AND SIGNATURE**

**GEF09-1**  
**DEC**  
*(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana;*  
**GEF09-1**  
*DEC applies to residents of Connecticut, North Dakota and Utah)*