

Seminarian Open Enrollment Form

Personal Plans

Please complete in ink

If you are a student at a seminary, college, or Bible school affiliated with GuideStone Financial Resources of the Southern Baptist Convention, you may be eligible for Open Enrollment in the Personal Plans for Seminarians if you meet **all** of the following guidelines:

- You apply during the first 31 days of your initial registration date or within 31 days of becoming ineligible for health coverage under your parents' plan.
- You must not have previously applied for participation through underwriting in the Personal Plans and been rejected for yourself.

If you are not eligible for Open Enrollment or if you are requesting Term Life coverage for your dependents, you must complete an Evidence of Good Health Application for all family members requesting coverage. These forms are available in your school office, on our Web site at www.GuideStoneInsurance.org or can be obtained from GuideStone by calling our toll-free number, **1-888-98-GUIDE** (1-888-984-8433).

APPLICANT INFORMATION

New student Loss of coverage as a dependent

Student name: _____ Social Security number: _____

Student address: _____

City: _____ State: _____ ZIP Code: _____

Home telephone: (_____) _____ E-mail: _____

Send bills to: Student Alternate contact Name of alternate contact: _____

Address of alternate contact: _____

City: _____ State: _____ ZIP Code: _____

Student birth date: ____/____/____ Marital status: Single Married Gender: M F

Seminary: _____ Initial registration date: ____/____/____

Degree Plan: _____ (your Degree Plan may qualify you for coverage as a Seminarian.)

COVERAGE OPTIONS

Student term life

Please check the coverage you want:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$35,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$40,000 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$45,000 |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$100,000 |

Accidental Death & Dismemberment

Yes No
(Equals student life amount.)

Personal accident

Myself Yes No

Coverage amount \$ _____
(Available in \$25,000 increments, not to exceed \$500,000.)

My spouse Yes No
(Will equal 50% of student's coverage.)

Choose one medical plan option: For myself For spouse For eligible children

- | | | |
|---|---|--|
| <input type="checkbox"/> Seminarian Medical | <input type="checkbox"/> Health Choice 1000 | <input type="checkbox"/> Health Legacy 200 |
| <input type="checkbox"/> Health Choice 3000 | <input type="checkbox"/> Health Choice 500 | <input type="checkbox"/> Health Saver 2600 |
| <input type="checkbox"/> Health Choice 2000 | <input type="checkbox"/> Health Today | <input type="checkbox"/> HMO (where available) |

Choose one dental plan option: For myself For spouse For eligible children

- | | | |
|---|--|---|
| <input type="checkbox"/> Premier Dental Care Plan | <input type="checkbox"/> Choice Dental Care Plan | <input type="checkbox"/> Guided Dental HMO Plan |
|---|--|---|

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DEPENDENT INFORMATION (ONLY LIST FAMILY MEMBERS TO BE COVERED)*

Last name	First name	MI	Social Security number	Relationship	Birth date	Sex M/F	Medical Yes/no	Dental Yes/no	Dental office number (Guided Dental HMO Plan only)
				Applicant	—	—			
				Spouse					

* Eligible dependents include your spouse and any children under age 25 not married and who are dependent on you for support and maintenance.

D. BENEFICIARY DESIGNATION

(This beneficiary designation is only applicable to your Life, AD&D and Employee Personal Accident benefits.)

Term life insurance (and AD&D if applicable) Relationship Birth date Social Security number

Primary beneficiary:* _____ / / _____

Secondary beneficiary:* _____ / / _____

Personal accident insurance Relationship Birth date Social Security number

Primary beneficiary:* _____ / / _____

Secondary beneficiary:* _____ / / _____

*show full given name

SIGNATURE

Student signature: _____ Date: ____/____/____

Return completed form to:
 GuideStone Financial Resources, SBC
 Insurance Operations — Personal Plans
 2401 Cedar Springs Road
 Dallas, TX 75201-1498

GUIDESTONE USE ONLY

Amount received (not required) \$ _____ Cash Check

Processed by: _____ Date: ____/____/____

Account number: _____ Medical effective date: ____/____/____ Life/accident effective date: ____/____/____

GuideStone Financial Resources of the Southern Baptist Convention reserves the right to change or cancel these programs at any time. Completion of this form does not imply an employment contract or guarantee of benefits. Medical underwriting could be required.