

# Seminarian Open Enrollment Form

## Personal Plans

 **APPLY ONLINE** at [GuideStone.org](http://GuideStone.org)

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 **both** of the following guidelines:

- You apply during the first 31 days of your initial registration date or within 31 days of losing 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](http://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    Date of loss of coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Student address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Send bills to:  Student     Alternate contact: (Name) \_\_\_\_\_

Address of alternate contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Student birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Marital status:  Single     Married    Gender:  Male     Female

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 2000 | <input type="checkbox"/> Health Today      |
| <input type="checkbox"/> Health Choice 5000 | <input type="checkbox"/> Health Choice 1000 | <input type="checkbox"/> Health Saver 2800 |
| <input type="checkbox"/> Health Choice 3000 | <input type="checkbox"/> Health Choice 500  |  |

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 |
|---|--|---|

Continued on other side



**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 unmarried children, under age 25, who are dependent on you for support and maintenance.

Please submit a copy of one of the following documents for each dependent as proof of dependent eligibility. Proof of dependent status is due within 30 days of approval (faxed copies permitted).

**For any dependent:**

- Notarized Certification of Dependent Eligibility form (GuideStone form)
- Marriage License (for spouse)
- Current Tax Return (1040 only)

**For children only:**

- State issued birth certificate
- Adoption papers
- Court order establishing guardianship

**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**

By signing the form you are certifying that you are eligible for coverage and that all the information provided on this application is accurate. You are agreeing to remit premiums when due; to notify GuideStone immediately of any changes in your address, covered dependents, or student status; and that you are liable for any claims paid on behalf of ineligible dependents.

Student signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return completed form to:** GuideStone Financial Resources, SBC  
 Insurance Operations — Personal Plans  
 2401 Cedar Springs Road  
 Dallas, TX 75201-1498  
**Or you may fax it to: 214-720-4676**

**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.