

Seminarian Open Enrollment Form

Personal Plans

 **APPLY ONLINE** at GuideStone.org

Please complete in ink

If you are a student at a seminary, college, or Bible school affiliated with GuideStone Financial Resources, 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 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.
- Have never attended or obtained a degree from another seminary, college, or Bible school affiliated with GuideStone Financial Resources.

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 website 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 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 |
|---|--|---|

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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 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
 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.