

## Keep Your Beneficiary Information Current!

Because life changes often occur throughout the year, it is important to review your beneficiary information on file with HealthChoice.

Some examples of life changes that may require a change in your life insurance beneficiary designation include:

- Birth of a child
- Death of a family member
- Marriage or remarriage
- Divorce



Every year, HealthChoice encounters situations where a member failed to keep current beneficiary information on file. Be aware that HealthChoice has no option other than to pay life insurance proceeds to the beneficiaries listed in our files as of the date of death or as required by law. This is why it is so important you make certain your intended beneficiary information is accurate.

A *Beneficiary Designation Form* is available on the HealthChoice website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoicework.com](http://www.healthchoicework.com), or

- Current employees can contact their Insurance/Benefits Coordinator for a *Beneficiary Designation Form*.
- Former employees can contact HealthChoice Member Services and

request a *Beneficiary Designation Form*. If you have questions or need further information about your life insurance coverage, please contact HealthChoice Member Services.

**NOTE:** To protect your privacy, HealthChoice will not disclose beneficiary information or the amount of life insurance coverage over the telephone. If you call and request this information, EGID mails it to your address on file with our office.

### Contact Information for HealthChoice Member Services

Oklahoma City Area	1-405-717-8780
Toll-free	1-800-752-9475
TDD Oklahoma City	1-405-949-2281
Toll-free	1-866-447-0436

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# HealthChoice

## Adding or Increasing Life Insurance Coverage



**Employees Group Insurance Division**  
*Office of Management and Enterprise Services*

## Enrolling in the HealthChoice Life Insurance Plan

Initial enrollment in the HealthChoice Life Insurance Plan must occur within 30 days of the date you become eligible.



During initial enrollment, life insurance coverage within the *Guaranteed Issue* amount (two times your annual

salary) can be elected on your enrollment form. If you request coverage above your *Guaranteed Issue* amount, you must also complete a *Life Insurance Application*.

After your initial enrollment, increases to life insurance coverage can be applied for only:

- During the annual Option Period
- Within 30 days of the loss of other group life insurance coverage
- Within 30 days of a midyear qualifying event

## How do I Apply?

A *Life Insurance Application* is available from your Insurance/Benefits Coordinator. Your Insurance/Benefits Coordinator must complete the top portion of your application, including salary information. The application also includes a statement of your physical condition. Additional medical information

may be requested to help determine your eligibility for life insurance.

## Enrolling In or Increasing Your Coverage During Option Period

During Option Period, current employees can:

- Apply for Basic Life
- Apply to add or increase Supplemental Life

The maximum amount of Supplemental Life coverage available is \$500,000.

For the total amount of all your life insurance coverage, you must add your Basic Life and Supplemental Life coverage together.

## Education and Local Government Employees

Your *Option Period Enrollment/Change Form* lists your current coverage. To add or increase your life insurance coverage, you must complete a *Life Insurance Application*.

Your Insurance Coordinator will complete the top portion of the application and the amount of life insurance you currently have in effect.

## Guidelines for Completing Your Application

1. A current *Life Insurance Application* must be submitted within the designated time

period.

a. If you are a newly hired employee, your annual salary must be listed.

b. You must list the amount of coverage you are requesting.

c. Page 1 and Page 2 of your *Life Insurance Application* must be completed and **SUBMITTED TOGETHER**.

d. You must sign and date your application.

e. You must mail or FAX your application to EGID by the deadline.

2. If any additional medical information is necessary during the review of your application, a letter that details the information needed is sent to you.

3. A notice of approval or denial of your application is mailed to your address. If your application is denied, an explanation is included in your notice. To protect your

privacy, your Insurance/Benefits Coordinator is only notified of the approval or denial of your application.



***It is your responsibility to make certain your Life Insurance Application is completed and submitted within the designated time period. Any additional medical information EGID requests must also be received within the time period designated in the request.***