

CRAYOLA LLC

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT ENROLLMENT FORM

Ref #10631 (EE) #10632 (EE & Dependents)

EMPLOYEE NAME: Last First M.I. SS#: / /

ADDRESS: No. Street CITY: STATE: ZIP:

SEX: M F BIRTH DATE: / / (MM/DD/YYYY) TITLE PREFERENCE: MR. MRS. MS. BASE PAY:

DAYTIME PHONE: EMPLOYEE I.D.: HIRE DATE: / / (MM/DD/YYYY)

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.

REASON FOR ENROLLMENT

- New Enrollment
Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY) / /

COVERAGE REQUEST

I request the following coverage option: Employee Only Employee and Dependent(s)
You may elect employee VAD&D in multiples of pay of 1 to 5 times your base pay, rounded to the next higher \$10,000 amount, not to exceed \$1,500,000.
Check One: 1x 2x 3x 4x 5x Base Pay

DEPENDENT INFORMATION

If you are applying for coverage for your Spouse/Domestic Partner1 and/or Child(ren), please provide the information requested below:

SPOUSE/DOMESTIC PARTNER NAME:1 Last First M.I. M F
BIRTH DATE: / / (MM/DD/YYYY)

List each unmarried dependent child.

NAME: Last First M.I. BIRTH DATE: / / (MM/DD/YYYY) M F

NAME: Last First M.I. BIRTH DATE: / / (MM/DD/YYYY) M F

NAME: Last First M.I. BIRTH DATE: / / (MM/DD/YYYY) M F

NAME: Last First M.I. BIRTH DATE: / / (MM/DD/YYYY) M F

Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

1Domestic Partner includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available. It also includes your non-registered Domestic Partner whom you have an insurable interest. By enrolling such Domestic Partner for coverage and signing this enrollment form, you are attesting to your insurable interest.

GEF02-1 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)

PLEASE CONTINUE ON THE REVERSE SIDE OF THIS FORM.

