



## 2023 POSTDOC SCHOLAR Waiver Form for Basic Life Insurance over \$50K

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### EMPLOYEE INFORMATION

Name: \_\_\_\_\_

GWID: \_\_\_\_\_

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### SELECT QUALIFIED LIFE EVENT (QLE)

Other: SPECIAL QLE FOR POSTDOC SCHOLARS - Waive Basic Life Insurance over \$50K

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### GROUP BASIC LIFE AND AD&D INSURANCE

Group Basic Life and Basic AD&D are both equal to one times your annual benefits salary, up to the plan maximum (\$100,000) and are both subject to age reduction. The university pays for your Basic Life and AD&D coverage.

**For Scholars:** The full value of the university provided life insurance is required to be reported as income by the IRS. The imputed income, based on the IRS Premium Table, will be reported on your Form 1099. You have the option to cap your basic life insurance at \$50,000 to reduce your imputed income amount. **If you wish to cap your Basic Life insurance at \$50,000 and avoid imputed income on basic life insurance in excess of \$50,000, please check here:**

*Please Note: If at a later eligibility opportunity, you would like to uncap your Basic Life, you may be required to submit Evidence of Insurability (EOI).*

**Beneficiaries:** A beneficiary is the person or entity you name to receive the life insurance benefit in the event of your passing. You can update your beneficiaries in the EasyEnroll system. If you do not have access to the EasyEnroll system, please complete the Beneficiary Designation Form posted on the [Benefits website](#) and return the form to GW Benefits.

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### CONFIRMATION OF ENROLLMENT

Sign and date the confirmation of your enrollment below.

I understand that:

- The information provided above is true and correct to the best of my knowledge.
- The coverage will become effective according to GW's eligibility guidelines following approval of this application.
- Should any material answers or statements contained in this application be untrue, then the coverage may be cancelled and I will be subject to disciplinary action up to and including termination. Further, I may be required to repay payments made in error to me or on my behalf or on behalf of any covered family member as the result of the erroneous information.
- I authorize any provider to forward to the carrier information concerning medical services or supplies provided to me or to any of my family members listed on this application for the purpose of review, investigation or payment of a claim. This authorization is valid for the duration of the coverage.
- A copy of this application is available to the subscriber (or a person authorized to act on his/her behalf) upon request.

- Any person who with intent to defraud, or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive information may be guilty of insurance fraud.

I hereby apply for the group benefit(s) indicated above. I authorize my employer to take deductions from my pay on a pre-tax or post-tax basis as described in the enrollment materials. I understand that my elections cannot be changed or terminated during the plan year and will remain in effect, unless there is a change in my family status called a Qualified Life Event (e.g., marriage, divorce, birth or adoption of child, etc.). Any changes made as a result of a Qualified Life Event must be consistent with the event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### COMPLETE YOUR ENROLLMENT

You can submit your completed, signed and dated enrollment form to Benefits via email, fax or postal mail.

By email, scan and email to: [benefits@gwu.edu](mailto:benefits@gwu.edu)

**Please Note:** if using your GW email, enter the word **ENCRYPT** in the subject line to send the enrollment form and/or supporting documents securely. If using another email, please password-protect your submission or send by fax or postal mail.

By fax, send to (571) 553-8385

By postal mail, send to the following address:

GW Benefits  
45155 Research Place, Suite 160  
Ashburn, VA 20147