

Voluntary AD&D Dependent Spouse AD&D Dependent Child AD&D

Voluntary AD&D

First select your option

Employee Only Employee Spouse

Employee + Child(ren) Employee + Spouse Child(ren)

Then select your level of coverage

Enter a multiple of \$10,000 up to a maximum of the lesser of 10x your Basic Annual Earnings and \$500,000. \$

Disability Income Insurance

GEF13-1

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)

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

Old Dominion University Research Foundation

EF-XDP101M-VA (07/19)

Dependent Information

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

Name of your Spouse (First, Middle, Last) _____ Date of Birth (MM/DD/YYYY) _____ Male Female

Name(s) of your Child(ren) (First, Middle, Last) _____ Date of Birth (MM/DD/YYYY) _____ Male Female

_____ Male Female

_____ Male Female

_____ Male Female

Check here if you need more lines. Provide the additional information on the back of this form.

GEF09-1
FW
(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana;
GEF09-1
FW applies to residents of Connecticut, North Dakota and Utah)

GEF09-1
DEC