□ 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

Dependent Information

If you are applying for coverage for your Spouse and/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 additiona4 l h S /4icthe G3 q 1 0 0 1 28.44 597.12 cm221TJ 0 Tc 0tict t ict .3 (f4)1