

# Seminarian Open Enrollment Form

## Personal Plans

 **APPLY ONLINE** at [GuideStone.org/Seminary](http://GuideStone.org/Seminary)

Please complete in ink

If you are a student at a GuideStone-approved seminary, college or Bible school, you may be eligible for open enrollment in the Personal Plans for Seminarians if you meet all of the following guidelines:

- You must apply during the first 60 days of your initial registration date.
- You must not have attended or obtained a degree from another GuideStone-approved seminary, college or Bible school.
- You must attend a school that is eligible to utilize products and services made available by or through GuideStone. Some schools will require enrollment in an official degree program that is intended to qualify you for a full-time position in a ministerial field.

**To maintain eligibility, you must continue to meet the above requirements. Failure to do so could render you ineligible for GuideStone's life products.**

If you are not eligible for open enrollment or if you are requesting term life coverage for your dependents, you must complete an *Evidence of Good Health Application* for all family members requesting coverage. These forms are available in your school office, on our website at [GuideStoneInsurance.org](http://GuideStoneInsurance.org) or from GuideStone by calling toll-free **1-888-98-GUIDE** (1-888-984-8433).

### STUDENT INFORMATION

New student

Student first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Student address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home telephone number: (\_\_\_\_\_) \_\_\_\_\_ Cell phone number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Send bills to:  Student  Alternate contact

Name of alternate contact: \_\_\_\_\_

Address of alternate contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Student birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital status:  Single  Married Gender:  Male  Female

Seminary: \_\_\_\_\_ Initial registration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree plan: \_\_\_\_\_ (Your degree plan may qualify you for coverage as a Seminarian.)

Anticipated graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (required)

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**GuideStone**<sup>®</sup>



**COVERAGE OPTIONS**

**Student term life**

Please check the coverage amount you want:

- \$10,000       \$35,000
- \$15,000       \$40,000
- \$20,000       \$45,000
- \$25,000       \$50,000
- \$30,000       \$100,000

**Accidental Death & Dismemberment**

Yes     No  
(Equals student life amount.)

**Dental plan**

Myself:     Yes     No  
My spouse:     Yes     No  
Eligible children:     Yes     No

**Supplemental Accidental Death & Dismemberment**

Myself:     Yes     No  
Coverage amount: \$ \_\_\_\_\_  
(Available in \$25,000 increments, not to exceed \$500,000)  
My spouse:     Yes     No  
(Will equal 50% of student's coverage)

Choose one dental plan option:     Premier Dental Care Plan     Choice Dental Care Plan     Cigna Dental Care DHMO Plan

**DEPENDENT INFORMATION\* (ONLY LIST FAMILY MEMBERS TO BE COVERED)**

Last name	First name	MI	Social Security number	Relationship	Birth date	Sex M/F	Dental Yes/No	Dental ID number (Cigna Dental Care DHMO Plan only)
				Student	---	---		
				Spouse				

\* Eligible dependents include your spouse and any children under age 26.

Please submit a copy of one of the following documents for each dependent as proof of dependent eligibility. Proof of dependent status is due within 60 days of approval (faxed copies permitted):

**For any dependent:**

- Notarized *Certification of Dependent Eligibility* form (GuideStone form)
- Marriage license (for spouse)
- Current tax return (1040 only)

**For children only:**

- State-issued birth certificate
- Adoption papers
- Court order establishing guardianship

**SIGNATURE**

By signing the form, you are certifying that you are eligible for coverage and that all the information provided on this application is accurate. You are agreeing to remit premiums when due, to notify GuideStone immediately of any changes in your address, covered dependents or student status and that you are liable for any claims paid on behalf of ineligible dependents.

Student signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return completed form to:** GuideStone Financial Resources  
Insurance Services — Personal Plans  
5005 LBJ Freeway, Ste. 2200  
Dallas, TX 75244-6152

Or you may fax it to:  
1-877-834-1025

GuideStone Financial Resources of the Southern Baptist Convention reserves the right to change or cancel these programs at any time. Completion of this form does not imply an employment contract or guarantee of benefits. Medical underwriting could be required for life products.