

GROUP TERM LIFE, ACCIDENTAL DEATH & DISMEMBERMENT, DISABILITY INSURANCE ENROLLMENT FORM

Please use this form to apply for coverage. Simply fill in any requested information below.
Don't forget to include your Social Security Number, herein shown as SSN, Birthdate, sign
your name and enter today's date.



EMPLOYER: Trilliant Networks, Inc.

ALL ABOUT YOU – THE EMPLOYEE

Your Name _____ SSN _____ Date of birth _____
 Home Address _____ City _____ State _____ Zip _____
 Email _____ Home/Cell Phone _____ Employee ID # _____ Gender: _____

YOUR COVERAGE ELECTIONS

View the Summary of Benefits for costs and instructions for how to calculate premium.

Employer-Paid Term Life Insurance – Policy # SGM0607751 Underwritten by LINA

The coverage below is provided by your employer at no cost to you.

Employee	The lesser of 1 times annual compensation or \$250,000 Guaranteed Issue Amount***: The lesser of 1 times annual compensation or \$250,000
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Employer-Paid Accidental Death and Dismemberment Insurance (AD&D) – Policy # SOK0605640 Underwritten by LINA

The coverage below is provided by your employer at no cost to you.

Employee	1 times annual compensation up to \$250,000
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Employer-Paid Short Term Disability – Policy # SGD0608168 Underwritten by LINA

The coverage below is provided by your employer at no cost to you.

Employee	60% of your weekly covered earnings to a maximum of \$2,309 per week
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Employer-Paid Long Term Disability – Policy # SGD0608169 Underwritten by LINA

The coverage below is provided by your employer at no cost to you.

Employee	60% of your monthly covered earnings to a maximum of \$9,000 per month
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*** Guaranteed Issue Amount is only available if enrolling within the first 31 days of eligibility. For any coverage that is not Guarantee Issue, you must complete the Evidence of Insurability Form. Amounts of insurance may be limited by state law.

****This is the maximum coverage amount that you can choose under this plan. Coverage elected during this enrollment period will take effect on the later of 01/01/2026, the date your election form is received by your Employer, or if applicable the date your Evidence of Insurability Form is approved by the Insurance Company.

SIGN TO ACCEPT DEDUCTION FROM YOUR PAYCHECK

I accept the insurance options chosen above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my paycheck. I understand that coverage is subject to the insurance company's approval and that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will go into effect only if the person is not confined in a hospital or institution, or receiving certain medical treatment. I understand my information is protected by privacy laws and will be released only in accordance with these laws. Additional information about the rules and conditions around the requested insurance is described in the policy and certificate. Insurance coverage is underwritten by Life Insurance Company of North America.

Pre-Existing Condition Limitation (applies to long-term disability insurance only): "Pre-existing Condition" means any Injury or Sickness for which the Employee incurred expenses, received medical treatment, care or services, including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within **3** months before his or her most recent effective date of insurance.

I understand if I become insured, I will not receive benefits for a Pre-existing Condition until I have been insured for **12** months for the Disability coverage.

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

Please Sign Here Signature _____ Date _____

Created on 09/2025.