

Life Insurance Enrollment & Change Form

Employee Information		Effective Date / /	Date of Hire / /	Employee ID
Last Name	First Name	Middle Name	Employee Group	
Date of Birth / /	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Department		

Enrollment Information – Employee Coverage

Type of Enrollment (check one):
 Enroll Upon Hire Reinstatement-RFL
 Enroll through Evidence of Insurability Terminate Coverage Beneficiary Change

Refer to your Benefits and Rates Summary for type and amount of coverage available to your specific employee group.

Basic Life (provided at not cost to the employee)

Additional 1 Life Insurance (optional) Waive Upon Hire

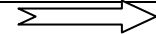
Additional 2 Life Insurance (optional) Waive Upon Hire

Please indicate amount of Additional 2 coverage desired
 One time annual base salary two times annual base salary

Beneficiary Designation - Please complete page 2, Beneficiary Information

Last Name, First Name MI	Change	Primary or Contingent	% Total Primary = 100% Contingent = 100%
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

- I wish to apply for the insurance indicated above, or authorize the changes noted above.
- I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.
- I understand that if I waive any of these insurance coverage's, and at a later date wish to request such coverage for myself, I will be required to furnish, which may be at my own expense, evidence of insurability satisfactory to the insurance carrier, unless I am requesting coverage due to a qualifying event.
- I understand that if a qualified event occurs, I have 31 calendar days from the effective date of the event to apply for coverage.
- To the best of my knowledge and belief, the information I have provided is complete and correct.

Employee Signature		Date / /	
HR USE ONLY 	HRA	Deduction Begin Date / /	HRPA

