

Sullivan County Group Term Life Insurance Election/Beneficiary Form

Basic Term Life Insurance (\$25,000-Employee Paid Policy)

For County Commissioners

Type of Change:

New Enrollment Beneficiary Change Change in Coverage Name/Address Change

I **Waive** option to purchase Employee Term Life Insurance (\$25,000 Policy) for **\$5.50 per month**

I **Elect** the option to purchase Employee Term Life Insurance (\$25,000) for **\$5.50 per month**

Name: _____	Department: _____
Address: _____	Birthdate: _____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
SS# _____	Commission Date: _____
Home Phone: _____	Salary: _____
	Work Phone: _____

Primary Beneficiary:

Name: _____ SSN# _____ DOB: _____

Address: _____ Relationship: _____

Contingent Beneficiary:

Name: _____ SSN# _____ DOB: _____

Address: _____

Relationship: _____ Percentage: _____

Name: _____ SSN# _____ DOB: _____

Address: _____

Relationship: _____ Percentage: _____

Dependent Life Insurance:

I **Elect** Coverage

I **Reject** Coverage

Indicate Option Below:

Option #1- \$10,000 Spouse Coverage and \$5,000 on each child ages 6 months to 26 years **\$2.60 per month**

Option #2- \$20,000 Spouse Coverage and \$10,000 on each child ages 6 months to 26 years **\$5.20 per month**

Dependent Spouse: Gender: Male Female

Name: _____ Birthdate: _____ SSN# _____

**Is Spouse a Sullivan County Government Offices or Sullivan County Dept of Education Employee: Yes No

Dependent Child: Gender: Male Female

Name: _____ Birthdate: _____ SSN# _____

Dependent Child: Gender: Male Female

Name: _____ Birthdate: _____ SSN# _____

Dependent Child: Gender: Male Female

Name: _____ Birthdate: _____ SSN# _____

Beneficiary for Dependent Life Insurance will be the County employee, unless otherwise stated.

I certify this election form reflects my choices for life insurance benefits, my beneficiaries relating to same and any payroll deductions applicable to the voluntary coverage's I have elected to purchase.

Employee Signature: _____ Date: _____