



**CITY OF MEMPHIS LIFE INSURANCE
ENROLLMENT/CHANGE FORM**
(Please check all that apply)

Contributory Life Voluntary Life

New Enrollment Update Beneficiary Cancel Coverage

SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO.	DAY	YR.	MO.	DAY	YR.	SEX
	EMPLOYEE NAME			DATE OF BIRTH			DATE OF HIRE			

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT.

*If a beneficiary is a minor, or if the benefit is payable to the estate it is required that a guardian or a legal representative be appointed prior to payment of the benefit.

▲ Contributory Life Insurance (Optional) Available to all City of Memphis regular full-time employees, coverage amount is equal to 1.5 times the annual base salary at a monthly cost of .12/\$1,000 of coverage. This insurance reduces upon retirement to \$3000.00.

Please check one:

- I wish to enroll in the Contributory Life insurance. I am eligible for \$ ____ at a cost \$ ____ per pay period.
- I DO NOT wish to enroll in the Contributory Life insurance.
- Reserve Officers are eligible to receive \$3,500 life insurance coverage at no cost to you.
- School Crossing Guards are required to enroll in \$3,500 of coverage at a cost of 44¢ per pay period.

Contributory Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
		/ /	- -	
		/ /	- -	
		/ /	- -	

Voluntary Primary:

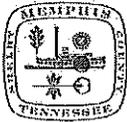
NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
		/ /	- -	
		/ /	- -	
		/ /	- -	

Note: If you wish to designate contingent beneficiaries, please attach a separate sheet of paper. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.

I understand that the above named Beneficiar(ies) are for City of Memphis Life Insurance Polic(ies). I am currently enrolled and authorize payroll deductions for the selected coverage.

SIGNATURE _____ DATE _____ TIME _____

NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE _____ DATE _____



CITY OF MEMPHIS LIFE INSURANCE ENROLLMENT/CHANGE FORM

(Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Death Benefit | <input type="checkbox"/> Final Pay |
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Update Beneficiary |

SOCIAL SECURITY #	LAST	FIRST EMPLOYEE NAME	MIDDLE	MO.	DAY	YR	MO.	DAY	YR	SEX
				DATE OF BIRTH			DATE OF HIRE			

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT.

▲ **Non-Contributory Death Benefit of \$10,000** is provided to all active City of Memphis regular, full-time employees. This benefit ceases upon retirement or termination.
 *If a beneficiary is a minor, or if the benefit is payable to the estate it is required that a guardian or a legal representative be appointed prior to payment of the benefit.

▲ **Final Pay** Any and all accumulated benefits at the time of death pursuant to City and divisional policies is applicable.

Death Benefit Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	

Final Pay Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	

Note: If you wish to designate contingent beneficiaries, please attach a separate sheet of paper. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.

I understand that the above named Beneficiar(ies) are for the City of Memphis Death Benefit and/or Final Pay upon death.

SIGNATURE	DATE	TIME
NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE	DATE	