GUILFORD COUNTY SCHOOLS - LIFE INSURANCE ENROLLMENT

Social Security Number	Name of Employee (Print)	Last	First	Middle	Position
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☐ Male ☐ Female	☐ Single ☐ Married	☐ Widowed ☐ Divorced	Date of Birth Month Day Yr	Date of Employment Month Day Yr	Work Location	Group Number 29427

Principal Beneficiary	Last	First	Middle	Age	Relationship to Employee
Contingent Beneficiary	Last	First	Middle	Age	Relationship to Employee
	Last	First	Middle	Age	Relationship to Employee

☐ I have read the announcement (copy of which I have received) describing Group Life Insurance underwritten by the Metropolitan Life Insurance Company and desire to elect in addition to the Basic Life Insurance amount for which I am eligible the Optional Life Insurance indicated by the boxes checked below.

OPTIONAL EMPLOYEE LIFE INSURANCE. Check one box.

☐ $250,000 ☐ $225,000 ☐ $200,000 ☐ $175,000 ☐ $150,000 ☐ $130,000 ☐ $100,000 ☐ $90,000 ☐ $80,000 ☐ $70,000
☐ $60,000 ☐ $50,000 ☐ $40,000 ☐ $30,000 ☐ $20,000 ☐ $10,000

OPTIONAL DEPENDENT LIFE INSURANCE. Check one box.

☐ Family (spouse and children). Please choose spouse and children coverage amounts.
☐ Spouse Only. Please choose spouse coverage amount.
☐ Children Only. Please choose children coverage amount.

To be eligible for Optional Dependent Life Insurance you must choose Optional Employee Life Insurance.
Optional Dependent Life Insurance cannot exceed Optional Employee Life Insurance amounts.

SPOUSE
☐ $50,000
☐ $40,000
☐ $30,000
☐ $20,000
☐ $10,000

CHILDREN
☐ $20,000
☐ $15,000
☐ $10,000
☐ $5,000

ELIGIBILITY

I hereby certify that I have read the eligibility requirements under "When Your Insurance Becomes Effective" in my employer's announcement brochure describing the Group Life Insurance program, a copy of which I received. I further certify that neither I nor any of my eligible dependents have been hospitalized in the last three months, as defined in the afore-mentioned brochure. I understand that, if either I or any dependent do not satisfy the eligibility requirements for date of enrollment and for effective date of coverage, that person will not become insured for optional life insurance until such person has furnished medical evidence of insurability satisfactory to Metropolitan Life.

☐ I elect only basic coverage which is paid by my employer. I do not wish Optional Life Insurance at this time and understand that I will be required to submit evidence of insurability satisfactory to Metropolitan Life Insurance Company to obtain coverage at a later date.

Signature of Employee _____ Date _____

FOR OFFICE USE ONLY Effective Date:

Rev. 7/07