New Hire Life and AD&D Insurance Enrollment Form

INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.

Name of Employer/Plan Sponsor Contra Costa County			Group/Plan Number 29888-3	Account Number/Location
Class/Occupation	Date of Hire	Annual Salary	Employment Status:	☐ Active Full-Time ☐ Active Part-Time
This change is due to: (check all that apply) ___Change in Coverage Amount ___Other: _____ ___ Initial Eligibility Following Hire ___Late Entrant*				Effective Date of Coverage or Change:

**A late entrant is an individual who is first enrolling for supplemental or dependent coverage after the first available opportunity.*

Employee Information

Employee Name *(last, first, middle initial)*	☐ Female ☐ Male	Date of Birth / /	Social Security #	Employee I.D. #
Employee Address *(street address, city, state, zip code)*			Telephone Work ( ) Home ( )	

Employee Life and AD&D Insurance

Basic Life and AD&D	☒ Employee Only—Elect Coverage *(Note: Basic Life and AD&D insurance is employer provided.)*
Supplemental Life and AD&D	Guaranteed Issue (GI) Limit = $100,000. When you are first eligible for supplemental life coverage, you can elect up to the GI Limit without evidence of insurability. Total supplemental life coverage up to $500,000 is available if you complete an Evidence of Insurability form subject to approval by ReliaStar Life.
Supplemental Life and AD&D Election	I am applying for total supplemental life and AD&D coverage of: $_____. *($10,000 increments)* ☐ Waive Coverage

Beneficiary Information *Designate your beneficiary(ies) below.*

Name of Beneficiary *(last name, first, middle initial)*	☐ Primary	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

Name of Beneficiary *(last name, first, middle initial)*	☐ Primary	☐ Contingent	Relationship to Employee	Benefit %
Address	Date of Birth		Social Security Number	Phone Number

Name of Beneficiary *(last name, first, middle initial)*	☐ Primary	☐ Contingent	Relationship to Employee	Benefit %
Address	Date of Birth		Social Security Number	Phone Number

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Dependent Spouse/Domestic Partner (DP) Life and AD&D Insurance

Spouse/(DP) Life and AD&D Date of Birth____/____/____ Name _____	Spouse/(DP) coverage is available from $10,000 to $50,000, in $5,000 increments. When you are initially eligible for spouse/(DP) coverage, you can elect it without evidence of insurability. At all other times, your spouse/(DP) must complete an Evidence of Insurability form subject to approval by ReliaStar Life. Spouse/(DP) coverage is limited to 50% of the employee's coverage amount.
Spouse/(DP) Life and AD&D Election	I am applying for total spouse life and AD&D coverage of: $_____. *($5,000 increments)* ☐ Waive Coverage

Note: The employee is the beneficiary for any dependent spouse/(DP) insurance coverage.

Dependent Child(ren) Life Insurance

Child(ren) Life	When you are initially eligible for dependent child(ren) coverage, you can elect it without evidence of insurability. At all other times, you must complete an Evidence of Insurability form for your child(ren) subject to approval by ReliaStar Life. Eligible children ages 6 months to 19 years (to 25 years if you provide at least 50% financial support) are covered for the full elected amount. Children ages birth to 6 months are covered for 10% of the elected amount.
Child(ren) Life Election	☐ $ 5,000 for each eligible dependent child. ☐ $10,000 for each eligible dependent child. ☐ Waive Coverage

Note: The employee is the beneficiary for any dependent child(ren) insurance coverage.

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

Employee's Signature	Date Signed / /