

CLACKAMAS COUNTY

GROUP TERM LIFE INSURANCE APPLICATION

EFFECTIVE DATE: _____

NAME (Last, First, MI)	BIRTH DATE	SOCIAL SECURITY NUMBER	EMPLOYEE ID
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment <input type="checkbox"/> Change in Employee Group <input type="checkbox"/> Change in Beneficiary <input type="checkbox"/> _____	<input type="checkbox"/> Add New Dependent(s) Due To: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Birth of Child/Adoption <input type="checkbox"/> Eligible Student	<input type="checkbox"/> Delete Dependent(s) Due To: <input type="checkbox"/> Divorce <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Death <input type="checkbox"/> No Longer Eligible	

EMPLOYEE LIFE INSURANCE (COUNTY PAID)

<input type="checkbox"/> Nonrepresented	\$150,000	or	<input type="checkbox"/> Nonrepresented	\$ 50,000
<input type="checkbox"/> Fairboard	\$ 50,000		<input type="checkbox"/> Vector Control	\$ 50,000
<input type="checkbox"/> Soil & Water Conservation District	\$ 50,000			

PRIMARY BENEFICIARY. I hereby revoke any previous designations of primary beneficiary(ies) and designate:

FULL NAME (Last, First, MI)	RELATIONSHIP	BIRTHDATE	ADDRESS (City, State)	SHARE %

CONTINGENT BENEFICIARY. In the event the Primary Beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies):

FULL NAME (Last, First, MI)	RELATIONSHIP	BIRTHDATE	ADDRESS (City, State)	SHARE %

OPTIONAL FAMILY LIFE INSURANCE (EMPLOYEE PAID)

- ☐ I elect life insurance for my qualified family members. I understand that family life insurance covers **all** of my **qualified** family members for the single monthly premium listed for my employee group as long as those family members remain eligible dependents. I also understand that, if my spouse or domestic partner is a Clackamas County employee, we cannot cover each other and each of our children may be covered by only one of us.

<u>Employee Group</u>	<u>Coverage</u>	<u>Premium</u>
<input type="checkbox"/> Fairboard, Vector Control, Soil & Water Conservation District	\$5,000	\$2.38

If no beneficiary or contingent beneficiary herein designated shall survive me, the amount payable upon my death shall be determined as provided in the Group Policy.

SIGNATURE

DATE SIGNED