

Group Life Insurance Enrollment Form

Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166



EMPLOYERNAME: The County of Ventura

POLICY NUMBER: 0154209

1. Complete sections A, B, and E.
2. If electing coverage on your dependents, also complete sections C and/or D.
3. Return completed and signed form to CEO/HR/Benefits (Benefits.ServiceRep@ventura.org or L#1970).

If late enrollment or increasing current coverage, you need to also complete the *Supplemental Enrollment Form/SOH*.

A. EMPLOYEE INFORMATION

First name Middle initial Last name

Email address

Street address City State Zip code

Date of birth Employee ID Date of employment Gender
 Male Female

Please select your Optional Life coverage amount

\$10,000 1x your base annual earnings 2x your base annual earnings 3x your base annual earnings

B. BENEFICIARY INFORMATION (EMPLOYEE IS THE BENEFICIARY OF ANY DEPENDENT COVERAGE)

Primary beneficiary full name(s) and address	Date of birth	Relationship	Social Security number	Share % (must total 100%)
Contingent beneficiary full name(s) and address (<i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>)	Date of birth	Relationship	Social Security number	Share % (must total 100%)

Please select your Dependent Life coverage option

Option 1 - Spouse \$5,000/ Child \$2,000 = \$0.87 biweekly Option 2 - Spouse \$10,000/ Child \$5,000 = \$1.15 biweekly

C. SPOUSE INFORMATION

First name Middle initial Last name

Email address

Date of birth Social Security number Gender
 Male Female

D. CHILDREN INFORMATION

List of full names and dates of birth for your eligible children

E. AUTHORIZATION

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage.

Employee signature Daytime phone number Evening phone number Date signed
X

EXAMPLES OF BENEFICIARY DESIGNATIONS

Example 1: If a primary beneficiary is to receive the benefit, followed by a contingent beneficiary, if the primary beneficiary is deceased.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Mary Doe	01-01-1980	123 4th Street, Anywhere, MN 12345, 651-665-1234	XXX-XX-XXXX	Daughter	100%
Total = 100%					
CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Nancy Doe	02-02-1980	5 Main Street, Anywhere, MN 45685, 651-665-2345	XXX-XX-XXXX	Sister	100%
Total = 100%					

Example 2: If more than one primary beneficiary(ies) are to receive the benefit first, followed by the contingent beneficiary(ies) if all of the primary beneficiary(ies) are deceased.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Mary Doe	03-03-1980	123 4th Street, Anywhere, MN 12345, 651-665-3456	XXX-XX-XXXX	Daughter	40%
Jim Doe	04-04-1980	123 4th Street, Anywhere, MN 12345, 651-665-4567	XXX-XX-XXXX	Husband	40%
Mary Smith	05-05-1980	45 Oak Street, Anywhere, MN 56789, 651-665-5678	XXX-XX-XXXX	Friend	20%
Total = 100%					
CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Nancy Jones	06-06-1980	5 Main Street, Anywhere, MN 45685, 651-665-6789	XXX-XX-XXXX	Sister	50%
Jack Williams	07-07-1980	10 Elm Street, Anywhere, MN 58978, 651-665-7890	XXX-XX-XXXX	Brother	50%
Total = 100%					

Example 3: If the beneficiary is a formal trust.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
John Henry Doe - Trustee, his successors or successor in trust under the John Henry Doe Revocable Trust Agreement. Executed by the insured on June 1, 2008. Trust Tax ID number 99-555555.			N/A	Trust	100%
Total = 100%					

Example 4: If the beneficiary is a charity/organization.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit					
Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Charity/Organization Name, 20 Main Street, Anywhere, CA 99999, 805-555-1919			N/A	Charity/Organization	100%
Total = 100%					