

Group Term Life Insurance and AD&D Form

Policy Holder: (Employer) OTAY WATER DISTRICT	Group Number: SGM 604465
Individual Covered Person: (Print Name)	SS#:

Employee's spouse and dependent children age birth – 26 years old have life insurance coverage of \$1,000 paid for by the District.

ELIGIBLE DEPENDENTS						
Last name	First Name	M.I.	Date of Birth	Relationship	For children over age 19, please indicate status	Gender
					<input type="checkbox"/> Full-Time Student at	<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> Full-Time Student at	<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> Full-Time Student at	<input type="checkbox"/> M <input type="checkbox"/> F

THE BENEFICIARY FOR THE POLICY SHALL BE:

a)	Primary Beneficiary	Percentage	Relationship to Insured	Address and Phone Number
b)	Contingent Beneficiary	Percentage	Relationship to Insured	Address and Phone Number

Note: This Beneficiary Designation cancels any prior beneficiary designation and shall be effective on the date received by the Plan Administrator.

Signature: _____

Date: _____

Send completed form to Human Resources.