

# 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"/> Add New Dependent(s) Due To:	<input type="checkbox"/> Delete Dependent(s) Due To:		
<input type="checkbox"/> Change in Enrollment	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce		
<input type="checkbox"/> Change in Employee Group	<input type="checkbox"/> Domestic Partnership	<input type="checkbox"/> Domestic Partnership		
<input type="checkbox"/> Change in Beneficiary	<input type="checkbox"/> Birth of Child/Adoption	<input type="checkbox"/> Death		
<input type="checkbox"/> _____	<input type="checkbox"/> Eligible Student	<input type="checkbox"/> No Longer Eligible		

## EMPLOYEE LIFE INSURANCE (COUNTY PAID)

<input type="checkbox"/> Nonrepresented/Elected Officials	\$150,000	or	<input type="checkbox"/> Nonrepresented/Elected Officials	\$ 50,000
<input type="checkbox"/> Represented Employees AFSCME (CCOM, DTD, WES), EA, HA, FOPPO	\$ 50,000		<input type="checkbox"/> Represented Job Share AFSCME -CCOM, EA,, FOPPO	\$ 25,000
<input type="checkbox"/> Represented – Age 70	\$ 32,500		<input type="checkbox"/> Represented – Age 75	\$ 25,000
<input type="checkbox"/> Peace Officers' Association	\$ 75,000		<input type="checkbox"/> Fair Board/Vector Control/ 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>	<u>Employee Group</u>	<u>Coverage</u>	<u>Premium</u>
<input type="checkbox"/> Nonrepresented/Represented	\$5,000	\$2.66	<input type="checkbox"/> Peace Officers' Assn.	\$2,000	\$ 0.00
<small>Includes C-COM, DTD, WES; EA, HA/EA, FOPPO, Fairboard, Vector and Soil &amp; Water Conservation District</small>					

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