



Dependent Life Insurance Enrollment / Change in Coverage for MTA Police

All sections of this form must be completed. Please print all information clearly.

Section 1:

Name		Social Security #	
Last	First	M.I.	

Employee Data

Home Address				
Street		City	State	Zip Code
Date of Birth	Marital Status (check one)		<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated	
Month/Day/Year				
Date of Hire				

Section 2: Enrollment Or Change In Coverage

The Metropolitan Transportation Authority provides basic Dependent Life Insurance coverage in the amount of \$4,000 for your spouse; \$2,000 for children 6 months to 19 years of age; and \$400 for children 14 days but less than 6 months of age at no cost to the employee.

Section 3: Dependent Data

List dependents to be covered.

Name (First, M.I., Last)	Relationship	Social Security #	Date of Birth

Section 4: Beneficiary Designation

You are automatically the beneficiary under the Dependent Life Insurance Plan, unless otherwise indicated below. (You may designate more than one person as your primary and/or contingent beneficiary. Use a separate sheet if more space is needed.)

Check this box if you are changing or evoking your previous beneficiary designation.

A) Primary beneficiary(ies):

Name (First, M.I., Last)	Date of Birth	Social Security Number	Relationship To Employee	Home Address (Street, City, State, Zip Code)

B) Contingent beneficiary(ies):

Name (First, M.I., Last)	Date of Birth	Social Security Number	Relationship To Employee	Home Address (Street, City, State, Zip Code)

Authorization

I hereby request Dependent Life coverage under my employer's group plan, as now or hereafter applicable to me.

Employee Signature	Date
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