



Group Basic Accidental Death & Dismemberment Insurance Enrollment / Change Form for MTA Police

Please print all information clearly

Section 1:

Name (Last, First, M.I.) Social Security #

Employee Data

Home Address (Street, City, State, Zip Code), Date of Birth (Month/Day/Year), Marital Status (Single, Widowed, Divorced, Married, Separated), Date of Hire

Section 2: Coverage

The Metropolitan Transportation Authority provides Accidental Death & Dismemberment Insurance in the amount of \$10,000 at no cost to you.

Section 3:

You may designate more than one person as your primary and/or contingent beneficiary. Use separate sheet if more space is needed.

Beneficiary Designation For Basic Life

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

A) Primary beneficiary(ies):

Table with 5 columns: 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):

Table with 5 columns: 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 coverage under my employer's Group Basic Accidental Death & Dismemberment Plan, as now or hereafter applicable to me.

Employee Signature Date