

# Basic Life and Basic Accidental Death & Dismemberment Insurance



HR-BEN-063

## Section 1 - Information and Instructions

The purpose of this form is to enroll in the MTA Basic Life and Basic Accidental Death & Dismemberment Insurance or to update or change a beneficiary. Beneficiary information can be changed / updated at any time by completing and resubmitting this form with the requested changes.

Please fax a signed copy of the form to 212-852-8700 or email a signed copy to [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org).

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123 or [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org).

## Section 2 - Employee Information

Print Name	Last First M.I. Suffix					BSC ID
Agency/Dept. (check one)	<input type="checkbox"/> BSC	<input type="checkbox"/> B&T	<input type="checkbox"/> CC	<input type="checkbox"/> HQ	<input type="checkbox"/> Police	Department
	<input type="checkbox"/> SIR	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus	<input type="checkbox"/> NYCT	
					<input type="checkbox"/> MaBSTOA	
SSN Last 4 Digits			Union Code		Date of Hire	
Street Address						
City				State	Zip Code	
Phone (H)			Phone (W)			Email
Date of Birth			Marital Status (check one box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<input type="checkbox"/> Represented <input type="checkbox"/> Non-Represented						

## Section 3 - Coverage Details

**Managerial Employees:** The Metropolitan Transportation Authority provides Basic Accidental Death & Dismemberment Insurance in the amount of *two times annual base salary* rounded to the next higher \$1,000 (if not already a multiple of \$1,000) at no cost to you. Coverage maximum is \$750,000.

**Represented Employees:** The Metropolitan Transportation Authority provides Basic Accidental Death & Dismemberment Insurance in the amount outlined in the Collective Bargaining Agreements (CBAs).

## Section 4 - Beneficiary Designation for Basic Life

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 revoking your previous beneficiary designation.

**A.) Primary Beneficiary(ies):** (In the column entitled "%" indicate the percent of benefits for beneficiary)

Name (First, M.I., Last)	%	Date of Birth	SSN #	Relationship to Employee	Home Address (Street, City, State, Zip)

**B.) Contingent Beneficiary(ies):** In the unfortunate circumstance something happens to the Primary Beneficiary, the contingent beneficiary will receive the benefits. (In the column entitled "%" indicate the percent of benefits for beneficiary)

Name (First, M.I., Last)	%	Date of Birth	SSN #	Relationship to Employee	Home Address (Street, City, State, Zip)

# Basic Life and Basic Accidental Death & Dismemberment Insurance



HR-BEN-063

## Section 5 - Authorization

*I hereby request coverage under my employer's Group Basic Life and Group Basic Accidental Death & Dismemberment Plan, as now or hereafter applicable to me.*

Signature

Date