



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

GROUP TERM ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) LIFE ENROLLMENT AND BENEFICIARY DESIGNATION FORM

Rev: 1 | Date: 01/15/2020 | Print Date: 01/21/2020

(Before completing this form, see reverse side)

GROUP NO. _____ (Do not erase or attempt to make corrections, use a new form. Your signature is required at the bottom.)

Please check box to change beneficiaries only and skip section 2.

1. Employee Data (please print):		
LAST NAME	FIRST NAME	MI
EMPLOYEE ID NUMBER	DATE OF BIRTH (MM/DD/YYYY)	EMPLOYMENT DATE (MM/DD/YYYY)

The Standard City Paid Life Insurance - The City pays the full cost for 1 times the base salary as of January 1 of each year up to a maximum of \$300,000 life insurance coverage for all active full-time, senior management fellows and temporary full-time employees. Imputed Income applies for salaries that exceed \$50,000. (see reverse side*)

2. The Standard VOLUNTARY GROUP TERM LIFE INSURANCE (Post-tax and Subject to Evidence of Insurability):

A: Optional Coverage Desired For Employee - Separate from and in addition to the City Paid Life Insurance, employees may apply for voluntary life insurance coverage in increments of \$5,000 within a range of \$10,000 (minimum) to \$400,000 (maximum). Guaranteed issue is \$300,000. Consult the Benefits Handbook for monthly rates and biweekly premium calculations. (Please select one) *Opt-Out/Decline \$_____,000

B: Optional Coverage Desired For Spouse/DP - Spouse/DP qualifies for \$5,000 to \$200,000 in \$500 increments but not to exceed 50% of employee's voluntary coverage. Guaranteed issue is \$50,000. Consult the Benefits Handbook for monthly rates and biweekly premium calculations. **The employee is automatically the beneficiary.** (Please select one) *Opt-Out/Decline \$_____,000

C: Optional Coverage Desired For Child(ren) to the end of the calendar year in which they turn Age 26. The biweekly rate is \$0.23 and covers all children at one premium. **The employee is automatically the beneficiary.** (Please select one) *Opt-Out/Decline \$10,000

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

3. GROUP TERM AND AD&D LIFE INSURANCE Primary Beneficiary(ies) Designation – FOR EMPLOYEE COVERAGE ONLY:				
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Required)	Address (Street, City, State, Zip Code)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL 100%

In the event said primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies):

Contingent Beneficiary(ies) Designation – FOR EMPLOYEE COVERAGE ONLY:				
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Required)	Address (Street, City, State, Zip Code)	Share%
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL 100%

I desire to be insured, as indicated by my signature below, for Group Life Insurance, Accidental Death and Dismemberment Insurance, as described in my Employer's Group Policy issued by the current group carrier, or as amended. I have reviewed the group policy terms, benefits, and limitations. I hereby authorize my Employer, until further notice, to deduct from my pay contributions to the cost of such insurance. Further, I understand that if this application is received after 30 days of initial eligibility for such coverage, or if coverage is in excess of the guaranteed issued amount, evidence of insurability will be required by the current Group Carrier and is subject to medical approval. I must be actively at work for coverage to take effect. I authorize the City of Fort Lauderdale to provide a complete copy of this Group Term, Accidental Death and Dismemberment (AD&D) Life Enrollment and Beneficiary Designation Form, including my social security number, to the life insurance provider for the purpose of processing life insurance claim(s).

4. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND AGREE TO THE STATEMENTS, TERMS AND CONDITIONS PROVIDED ON THIS ELECTION FORM.	
Employee's Signature	Date



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GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

PRIMARY BENEFICIARY: Your primary beneficiary should be the individual(s) or organization that you wish to receive your life insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

CONTINGENT BENEFICIARY: Your contingent beneficiary should be the individual(s) or organization that you wish to receive your life insurance proceeds if your primary beneficiary(ies) predecease(s) you. You may have your proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

MINORS: If death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it will be necessary to have a court appointed guardian or an administrator before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

NOTES: 1. *City Paid Life Insurance

- The City pays the full cost for 1 times the base salary (as of January 1 of each year) up to a maximum of \$300,000 group term life insurance coverage for all active full-time, senior management fellows, and temporary full-time employees.
- This coverage is separate from the optional voluntary group term life insurance coverage that is offered.

2. Voluntary Group Term Life Insurance (Optional)

- Employees must enroll for the optional voluntary group term life insurance in order to elect the optional coverage for their spouse/domestic partner or child(ren). Spouse/domestic partner rates are based on the employee's age.
- A request to enroll in the optional voluntary life insurance up to \$300,000 is a guaranteed issue for newly eligible employees. Employees may elect up to a maximum of \$400,000 subject to evidence of insurability. Contact the Benefits Section, HR if optional coverage beyond \$300,000 is desired.
- Consult the Benefits Handbook for monthly rates and biweekly premium calculation for the optional voluntary group term life insurance coverage.
- If an employee enrolls a dependent (i.e. Spouse/DP and/or Child(ren)), the employee is automatically the beneficiary..

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Complete section 1 by filling in your name, employee id number, date of birth and employment date.
2. Complete section 2 by indicating which coverage(s) you are requesting and the coverage amount you are requesting for yourself and your spouse/domestic partner (if applicable). If you are only changing/updating your beneficiary(ies), skip this section.
4. Complete section 3 by filling in the Primary Beneficiary(ies) and Contingent Beneficiary(ies). For each Primary and Contingent Beneficiary listed, enter the relationship, date of birth, percentage of proceeds (all shares must add up to 100%) and address.
5. Complete section 4 by signing and dating the form in the spaces provided. Retain a copy for your records.
6. Return your completed form to the Benefits Section, HR.

If you wish to name more beneficiaries than this form provides for, secure an additional copy of this form and complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3, and 3 of 3. Sign and date each form.

IT IS IMPORTANT THAT YOU REVIEW YOUR BENEFICIARY DESIGNATION PERIODICALLY TO BE SURE THAT THE BENEFICIARY INFORMATION YOU PROVIDED IS UP TO DATE. YOU MAY CHANGE OR REVOKE YOUR BENEFICIARY DESIGNATION AT ANY TIME BY COMPLETING A NEW BENEFICIARY DESIGNATION FORM.