



CIGNA

Vernon Public Schools

BENEFIT ENROLLMENT FORM BASIC & VOLUNTARY LIFE, ACCIDENT & DISABILITY INSURANCE

BENEFIT EFF. DATE: _____

HIRE DATE: _____

EMPLOYEE NAME (Last, First): _____

EMPLOYEE INFORMATION			
EMPLOYEE NAME:	DIVISION:	DATE OF HIRE	DATE OF BIRTH:
	VERNON PUBLIC SCHOOLS	/ /	/ /
ADDRESS:	HOME PHONE:	WORK PHONE:	SEX:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
CITY, STATE, ZIP	SOCIAL SECURITY NUMBER:	MARITAL STATUS:	
		<input type="checkbox"/> Single <input type="checkbox"/> Married	

BASIC LIFE/AD&D, VOLUNTARY LIFE & LTD	
BASIC LIFE & ACCIDENT INSURANCE: <input type="checkbox"/> Life <input type="checkbox"/> AD&D	VOLUNTARY LIFE INSURANCE: (Employee Paid) Units of \$10,000 Coverage Amount: \$ <u> N/A </u>
BASIC LONG TERM DISABILITY: N/A	

BENEFICIARY DESIGNATION: Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Basic & Voluntary Life Insurance, Life Insurance Company of North America - Policy No. FLX 964103

Primary Beneficiary (ies):	Relationship	SSN	Date of Birth	Total must =100%
Contingent (ies):	Relationship	SSN	Date of Birth	Total must =100%

Basic Accident Insurance, Life Insurance Company of North America - Policy No. OK 965722

Primary Beneficiary (ies):	Relationship	SSN	Date of Birth	Total must =100%
Contingent (ies):	Relationship	SSN	Date of Birth	Total must =100%

Community Property Laws: If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs in beneficiary designation.

Spouse Signature: _____ Date: _____

I accept the insurance coverages elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

EMPLOYEE SIGNATURE:	DATE:
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