

% New Enrollee % Rehire % Reenrollment %

Event Date:

Effective Date:

EMPLOYEE INFORMATION (Please Print)

FirstName	LastName	SSN	Date of Birth	Date of Hire
Address	City	State	Zip Code	\$ Annual Salary
Job Title	<input type="checkbox"/> Single <input type="checkbox"/> Married (Spouse) <input type="checkbox"/> Married (D.P.) <input type="checkbox"/> Divorced <input type="checkbox"/> Sex: <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Classified <input type="checkbox"/> Executive	

BASIC LIFE AND AD&D - Anthem Blue Cross and Unum

Paid 100% by LBCCD.....
 \$25,000 (Anthem Blue Cross) and \$75,000 (Unum) = \$100,000 Basic Life & AD&D Benefit provided by LBCCD
 Total Basic Life and AD&D Benefit Amount:

BENEFICIARY EMPLOYEE LIFE DESIGNATION

Primary Beneficiary First to receive payment (required) If more than one beneficiary is named, enter a percentage (%) for each.

% Named individuals (Enter the name, address, date of birth, social security number and relationship to the insured for each name listed.)
Please indicate a Basic Life and AD&D beneficiary below. Surviving beneficiaries will be paid equally unless otherwise indicated.

Beneficiary Name (Last, First)	Address	Date of Birth	Social Security no.	Relationship	%
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- % Estate of Insured
- % Revocable or Irrevocable Trust (Enter the name of the Trustee, name of Trust and complete date of Trust.)
- % Trustee Under Insured's Will (if choosing this option DO NOT enter additional names in the Primary Beneficiary field.)

Secondary Beneficiary Second to receive payment (optional) If more than one beneficiary is named, enter a percentage (%) for each.

