CLAYTON COUNTY BOARD OF COMMISSIONERS

Vested / Retiree Life Insurance Enrollment/Change Form

_____ NAME (First, Middle Initial, Last)

_____ Date of Birth

_____ - _____ - _____ Social Security Number

_____ Retirement Date

_____ Date of Hire

☐ Male ☐ Female ☐ Single ☐ Married

_____ Telephone #

Life Insurance Benefits – (check requested coverage)

	Office Use Only
☐ ½ Basic Life Insurance	_____
☐ ½ Supplemental Life Insurance	_____

☐ Dependent Life Insurance ☐ $3,000 ☐ $5,000 ☐ $6,000 ☐ $11,000

Name	Relationship	Date of Birth	Name	Relationship	Date of Birth

Beneficiary Designation Form *(Circle one)*: ☐ NEW or ☐ CHANGE

I hereby designate the following as the Beneficiary of the group life insurance in which I am enrolled. If I have more than one beneficiary, I have indicated the percentage of the benefit for each.

PRIMARY:

Full Name	Address	Date of Birth	Relationship	% of Benefit

CONTINGENT:

Full Name	Address	Date of Birth	Relationship	% of Benefit

I hereby apply for group life insurance for which I am or may become eligible under the group contract issued to Clayton County, Georgia. I authorize the Trustee of the Pension Fund to make deductions from my Retirement Check to cover contributions toward the cost of insurance when applicable. I understand that my deduction amount will change if my coverage or costs change.

Sign Here After Printing

_____ Signature

_____ Date

OFFICE USE ONLY New or Change

Group Auth. Sign. _____ Effective Date: _____

Revised 06/07

L/Lifeins/RetFrm