

Cassia County Joint School District #151, #ID039021

GROUP LIFE ENROLLMENT FORM

LifeMap Assurance Company™

****INSTRUCTIONS****

Please type or print when completing ALL entries
Upon completion please send to:

LifeMap

Attn: Billing

P.O. Box 1271, MS E8L, Portland OR 97201

GENERAL INFORMATION (completed by Retiree or School District)

Name _____ SS# _____
Address _____ Date of Birth _____
_____ Email Address _____
_____ Telephone Number _____

Is this an initial enrollment or a change to your retiree beneficiary? Initial Enrollment Beneficiary Change

TO BE COMPLETED BY SCHOOL DISTRICT PERSI _____ Direct Bill (Retro) _____
Date of Retirement _____

Signature of School District Admin _____

RETIREE COVERAGE ELECTION (to be completed by the Retiree)

_____ \$30,000 RETIREE LIFE \$81.00 _____ \$20,000 RETIREE LIFE \$54.00
_____ \$10,000 RETIREE LIFE \$27.00 _____ \$2,000 DEPENDENT LIFE \$2.00

(Note: you must have elected dependent life as an active employee to continue as a retiree)

Beneficiary (Please use a separate page if necessary. Please also sign and date the separate sheet if used)

Primary Full Name _____
Address _____
Soc. Sec. No. _____ Relationship _____
Date of Birth _____ Gender _____
Contingent Full Name _____
Address _____
Soc. Sec. No. _____ Relationship _____
Date of Birth _____ Gender _____

Please pay the life insurance premium show above until my sick leave entitlement is exhausted. If I have no sick leave entitlement or if my sick leave entitlement has been exhausted, I request PERSI continue my coverage by withholding the required premium from my requirement allowance, until otherwise notified in writing. I understand the rates and benefits are all subject to the master contract maintained by Cassia County Joint School District #151 and LifeMap Assurance Company. I understand that my coverage may be terminated if: (a) my School District ceases to insure active employees under a group life insurance policy issued by LifeMap Assurance Company; (b) I cease to be eligible for PERSI benefits or no PERSI benefits are payable to me; or (c) I fail to pay my direct bill premium or (d) as provided under the group life insurance policy coverage retirees issued by LifeMap Assurance Company to Cassia County Joint School District #151. If my coverage under the group policy terminates for any reason, I understand that I not be insured again under the group policy.

Retiree Signature _____ **Date** _____

Note: Beneficiary designation is not valid unless this form is signed and dated.