

COUNTY OF RIVERSIDE
GROUP INSURANCE ENROLLMENT/CHANGE FORM

Standard Life Insurance Company – Policy #641685-A

PLEASE PRINT OR TYPE

Employee's Name (Last, First, Middle Initial) _____

Male Female

Employee No. _____ Social Security No. _____ - _____ - _____ Birth Date _____

Section I – Basic Life and AD&D Insurance (Paid for by the County of Riverside)

Employee Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

This form is to be used by members of Management, Confidential and Law Enforcement Management Bargaining Units, Prosecution Unit, Deputy Public Defender I, II, III, and IV, and Flood Control.

Basic Dependent Life Insurance

Check the box if you have eligible dependents to be covered for Dependent Life Insurance.

Dependent coverage of \$1,500 for your Spouse and \$1,500 for Child(ren).

Section II – Supplemental (Additional) Life Insurance (Paid for by the Employee)

Employee's Supplemental Life Insurance Coverage

Check the all that apply to this enrollment for Employee Supplemental Life Insurance.

New Hire: Date Hired _____ Newly Eligible: Date First Eligible _____

Change in Coverage Late Entrant *: Date Hired or First Eligible _____

* A late entrant is an employee who is enrolling for coverage after 60 days following the date of hire or 60 days following the date first eligible.

Indicate the amount of coverage you are electing from \$10,000 to \$500,000 in \$10,000 increments.

Amount of Coverage \$ _____ Birth Date: _____

Evidence of Insurability may be required. (See Summary of Supplemental Life Insurance)

Spouse's Supplemental Life Insurance Coverage

Spouse's Name (Last, First, Middle Initial) _____

Indicate the amount of coverage your election from \$5,000 to \$100,000 in \$5,000 increments. (This amount cannot exceed 50% of the employee's coverage amount.)

Amount of Coverage \$ _____ Birth Date: _____

Evidence of Insurability is required for your spouse for amounts over \$20,000 or if you did not enroll for Spouse's Supplemental Life Insurance within 60 days of being hired or 60 days of first being eligible for coverage.

Child(ren) Supplemental Life Insurance Coverage

Indicate which option you are electing for Child(ren)'s Supplemental Life Insurance coverage. (This amount cannot exceed 50% of the employee's coverage amount.)

- Option 1 – \$5,000 for each eligible dependent child.
- Option 2 – \$10,000 for each eligible dependent child.

Dependent Child Information (Provide the name and birth date for each child you are electing to cover.)

Name (Last, First, Middle Initial)	Birth Date
1.	
2.	
3.	
4.	
5.	

Section III – Signature and Date

I understand the Basic Life and AD&D Insurance is provided by the County. I authorize the County of Riverside to make payroll deductions to cover the cost for the Supplemental Life Insurance coverage I elected above.

Employee's Signature

Date