

State of Michigan
Civil Service Commission
EMPLOYEE BENEFITS DIVISION
**LIFE INSURANCE AND ACCIDENTAL DUTY
DEATH ENROLLMENT AND BENEFICIARY FORM**

AUTHORITY in accordance with the Article XI, Section 5, Michigan Constitution of 1963 and Public Act 431 of 1984

A portion of this information is protected by federal and privacy laws and/or state confidentiality requirements.

SECTION A: EMPLOYEE DATA		EMP. ID.		SOCIAL SECURITY NO.		INSU		FOR OHR USE ONLY					
		DEDUCTION CODE		EFFECTIVE DATE		UNIT CODE		DEPT/AGENCY					
NAME (LAST)				(FIRST)				(MIDDLE INITIAL)				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
STREET ADDRESS				CITY				STATE		ZIP			
DATE OF BIRTH		DATE EMPLOYED OR REINSTATED		<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> REINSTATEMENT				<input type="checkbox"/> BENEFICIARY UPDATE ONLY <input type="checkbox"/> RECORD CHANGE (Explain below)					
IF RECORD CHANGE, INDICATE REASON AND GIVE DATE OF EVENT _____				<input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (explain) _____		<input type="checkbox"/> BIRTH/ADOPTION		<input type="checkbox"/> DEATH		<input type="checkbox"/> DIVORCE		<input type="checkbox"/> INELIGIBLE DEPENDENT	

SECTION B: EMPLOYEE LIFE INSURANCE BENEFITS LEVELS (CHOOSE ONE)

LU Standard Life Benefit – 200 percent of your Annual Salary, \$200,000 maximum
 LR Reduced Life Benefit (if Eligible) – 100 percent of your Annual Salary, \$50,000 maximum

SECTION C: DEPENDENT COVERAGES (OPTIONAL)

By choosing one of the dependent coverage choices below, I authorize the State to deduct dependent premium from my salary. The beneficiary for any dependent coverage is the employee. NOTE: If your spouse is insured as an employee or retiree of the State of Michigan, spouse coverage is not available.

(See instructions on reverse)

<input type="checkbox"/> F Employee plus \$1,500 on spouse and/or \$1,000 on each child.	<input type="checkbox"/> K Employee plus \$25,000 on spouse and/or \$10,000 on each child.	DEPENDENT ENROLLMENT DATA (DPDU)											
		S=SPOUSE						C=CHILD			N=INCAPACITATED CHILD		
		A D D	D E L	NAME, LAST	FIRST	MI	SOC SEC NO	RELATION TO YOU	SEX M/F	DATE OF BIRTH			
<input type="checkbox"/> G Employee plus \$5,000 on spouse and/or \$2,500 on each child.	<input type="checkbox"/> L Employee plus \$10,000 on each child.			SPOUSE				S					
				DEPENDENT									
<input type="checkbox"/> H Employee plus \$10,000 on spouse and/or \$5,000 on each child.	<input type="checkbox"/> M Employee plus \$50,000 on spouse and/or \$15,000 on each child.			DEPENDENT									
	<input type="checkbox"/> N Employee plus \$15,000 on each child.			DEPENDENT									

SECTION D: LIFE INSURANCE BENEFICIARY DESIGNATION – Subject to the terms of the Group Policy, I request the following as my designated beneficiary(ies).

SECTION E: ACCIDENTAL DUTY DEATH BENEFICIARY DESIGNATION – Subject to the terms of the Group Policy, I request the following as my designated beneficiary(ies).

EMPLOYEE LIFE INSURANCE BENEFICIARY(IES)				ACCIDENTAL DUTY DEATH BENEFICIARY(IES) (see reverse side for definition)			
NAME OF BENEFICIARY LAST FIRST MI	RELATED TO ME AS	ADDRESS OF BENEFICIARY	PERCENT SHARE IF NOT EQUAL	NAME OF BENEFICIARY LAST FIRST MI	RELATED TO ME AS	ADDRESS OF BENEFICIARY	PERCENT SHARE IF NOT EQUAL

CONTINGENT BENEFICIARY (SEE DEFINITION ON REVERSE)

FOR BOTH LIFE INSURANCE AND ACCIDENTAL DUTY DEATH BENEFICIARY DESIGNATIONS, IF MORE THAN ONE BENEFICIARY IS NAMED, THE BENEFICIARIES SHALL SHARE EQUALLY UNLESS OTHERWISE STATED ABOVE. If any named beneficiary dies before me, the share which that beneficiary would have received shall be payable equally to the remaining designated beneficiary(ies) who survive me unless otherwise stated above. But, if no designated beneficiary survives me, the beneficiary shall be determined as described on the reverse side of this form. This Designation of Beneficiary is subject to change as provided in said Group contract(s).

I decline Life Insurance Coverage and Accidental Duty Death Benefits (L3ZN)

I have read and agree to the applicable terms and conditions stated on the reverse side of this enrollment form.

SIGNATURE OF EMPLOYEE

DATE

INSTRUCTIONS
(PLEASE READ VERY CAREFULLY)

How to Enroll for Dependent Coverages

An employee's legal spouse and child(ren) under age 23 may be enrolled for dependent coverages. **However, no person (legal spouse or child) will be considered a "dependent" while that person is serving in the armed forces of any country. In addition, no person may be covered both as an employee or retiree and as a "dependent" nor as a dependent of more than one enrolled Employee or Retiree.** Children of two State employees married to each other can be covered by only one parent.

Dependent Coverage application can be made within 31 days of the employee's date of hire or during an announced open enrollment period. In order to enroll a newly acquired dependent at some other time, this form must be completed and returned to the employee's OHR within 31 days after such dependent becomes eligible under this group plan. An employee may cancel Dependent Coverage at any time during the year by notifying OHR.

This form will serve as the OHR's authority to make any requested changes. Changes which increase or decrease the employee contribution for Dependent Coverages will become effective the beginning of the pay period following the date this form is received by OHR.

How to Name (or Change) A Beneficiary

If a married woman is to be named as the beneficiary for the Employee Coverage benefits, her full given name should be shown – for example, Mary J. Smith, not Mrs. John H. Smith. Likewise, if the employee is a married woman, she should sign her full given name.

When two or more beneficiaries are named for Employee Coverage benefits and they are not to share equally, the percentage each beneficiary is to receive should be shown. Dollars and cents should not be specified.

The employee may designate a "contingent beneficiary" who should receive Employee Coverage benefits in the event of the named beneficiary(ies) die(s) before the employee. Otherwise, if the named beneficiary dies before the employee and no "contingent beneficiary" is named, Employee coverage benefit amounts will be paid as follows:

- First, to the employee's spouse, if living;
- Otherwise, equally to the employee's natural and adopted child(ren);
- Otherwise, equally to the employee's surviving parents;
- Otherwise, equally to the employee's brother(s) and sister(s);
- Otherwise, to the employee's estate.

Accidental Duty Death Insurance

Accidental Duty Death Insurance is a benefit for all employees who are eligible for life insurance. This insurance pays \$100,000, in addition to the employee's regular group life insurance if the employee's death results from accidental personal injuries arising out of or in the course of state service, and the employee's death occurs within 180 days of the accident.

Direct any questions and the completed form to your Judicial OHR.

OHR

When an employee transfers, send this form to the new department.
When an employee retires, send this form to the Retirement System.