HENDERSON COUNTY GOVERNMENT - TERM LIFE ELECTION CARD

Social Security Number - -	Name of Employee (Print) Last	First	Middle Initial	Position
☐ Male ☐ Female	☐ Single ☐ Married	Date of Birth / /	Date of Hire / /	Work Location	Group Number **120799**
Primary Beneficiary	Last	First	Middle Initial	Date of Birth / /	Relationship to Employee
Contingent Beneficiary	Last	First	Middle Initial	Date of Birth / /	Relationship to Employee

I have read the announcement (copy of which I have received) describing Group Life Insurance underwritten by Metropolitan Life Insurance Company and desire to elect an amount for which I am eligible the Optional Life Insurance by the boxes checked below.

OPTIONAL EMPLOYEE LIFE INSURANCE (Check one box)

☐ **$250,000** ☐ **$200,000** ☐ **$150,000** ☐ **$100,000** ☐ **$50,000** ☐ **$40,000** ☐ **$30,000** ☐ **$20,000** ☐ **$10,000**

To be eligible for coverage above $50,000, you must furnish medical evidence of insurability to MetLife

DEPENDENT LIFE INSURANCE (Check one box)

Spouse ☐ **$50,000** ☐ **$25,000** ☐ **$10,000** ☐ **$5,000**

Child ☐ **$10,000** ☐ **$5,000**

For a spouse to be eligible for coverage above $5,000, medical evidence of insurability must be furnished to MetLife

For a child to be eligible for coverage above $5,000, medical evidence of insurability must be furnished to MetLife

ELIGIBILITY

I hereby certify that I have read the eligibility requirements under **"When Your Insurance Becomes Effective"** in my employer's announcement brochure describing the Group Life Insurance program, a copy of which I received. I further certify that I nor any of my eligible dependents have been hospitalized in the last three months, as defined in the afore-mentioned brochure. I understand that if either I or any dependent do not satisfy the eligibility requirements for date of enrollment and for effective date of coverage, that person will not become insured for Optional Life Insurance until such person has furnished medical evidence of insurability satisfactory to Metropolitan Life Insurance Company.

☐ I do not wish Optional Life or Dependent Life Insurance at this time and understand that I will be required to submit evidence of insurability satisfactory to Metropolitan Life Insurance Company to obtain coverage at a later date.

5/2010

Signature of Employee _____ Enroller's Initials _____ / / Date