San Diego & Imperial County Schools
Fringe Benefits Consortium

Enrollment Form for Basic Group Life Insurance

Policy Number:			**District Name:**	
Employee's Last Name	First Name	M.I.	Social Security Number	
Employment Date (M/D/Y)	Employee's Birth Date (M/D/Y)	Sex (M/F)	Occupation	Effective Date (M/D/Y)
Employee's Wages (Wk/Mo/Yr) $	Group Life Insurance Value: $	AD&D Life Insurance Value: $		

Dependent Life Benefits: (**District contracted option**) ☐ Yes ☐ No (if yes, check eligible dependents)	☐ Spouse $ Date of Birth:	Children ☐ 1 child ☐ 2+ children Value per child $

As a covered employee, you have the right to select a beneficiary in accordance with the provisions of your policy. You may also have the right to change the beneficiary designated. If more than one beneficiary is designated, payment of the death benefit will be made in equal share to each of the designated beneficiaries which survive the insured, unless some other allocation is specified by you in writing in accordance with the provisions of the policy. If no designated beneficiary survives the insured, settlement will be made in accordance with the terms of the policy.

Primary Beneficiary Name: Address:	Relationship	Social Security Number: % of benefit
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Contingent Beneficiary: Address:	Relationship	Social Security Number: % of benefit
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Common Beneficiary designations:

One Beneficiary Only:	Mary J. Smith, wife, friend, daughter, etc.
Two Or More Beneficiaries, Equal Amounts:	William S. Smith, father, Alice C. Smith, sister, and Richard B. Smith, brother, equally or to the survivors equally, or to the survivor.
Unequal Amounts:	50% to Mary J. Smith, wife, and 25% each to Alice C. Smith, sister, and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor.
Primary And Contingent Beneficiary:	Mary J. Smith, wife, if living, otherwise the children born of the marriage of the insured to Mary J. Smith equally, or equally to the survivors, or to the survivor.
Trustee Beneficiary:	The Trust Company of Smith, Illinois as trustee under a Trust Instrument dated December 28, 1999.

*I have read, understand, and agree to the provisions printed above and acknowledge that the information I have provided is accurate to the best of my knowledge. I further hereby authorize my employer to make necessary payroll deductions if required.

Insured's Signature: x_____ Date: _____.

Your spouse MUST sign this form if you are a resident of CA **and** you have designated someone other than your spouse as beneficiary.

Spouse's Signature: x_____ Date: _____.

*IRC Section 79 provides an exclusion for the first $50,000 on non-contributory life insurance coverage. The imputed cost of coverage in excess of $50,000 must be included in gross income for tax purposes. You should consult your tax advisor regarding any tax implications or questions.