

NORTH CAROLINA STATE UNIVERSITY - LIFE INSURANCE ELECTION CARD

Social Security Number - -	Name of Employee (Print)	Last	First	Middle	For Office Use Only
Employee Complete Mailing Address		Street	City		State Zip Code
<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	Date of Birth		Date of Employment
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	Month	Day	Yr
Name of Spouse		Last	First	Middle	Spouse Date of Birth
					Month Day Yr
					Spouse Social Security Number - -

**Group Number
96987**

BENEFICIARY DESIGNATION-COMplete the information below:
The first two designations are for the primary beneficiaries. The third designation is for a contingent beneficiary

Name of Primary Beneficiary #1	Last	First	Middle	Beneficiary's Age	Relationship to Employee
Address of Primary Beneficiary #1	Street	City		State	Zip
Name of Primary Beneficiary #2	Last	First	Middle	Beneficiary's Age	Relationship to Employee
Address of Primary Beneficiary #2	Street	City		State	Zip
Name of Contingent Beneficiary	Last	First	Middle	Beneficiary's Age	Relationship to Employee
Address of Contingent Beneficiary	Street	City		State	Zip

OPTIONAL EMPLOYEE LIFE INSURANCE AND OPTIONAL DEPENDENT LIFE INSURANCE ELECTIONS:

I have read the brochure (copy of which I have received) describing Group Life Insurance and desire to elect the Optional Life Insurance indicated by the boxes checked below. Please review, complete the appropriate information, sign and date this form at the bottom of the page.

OPTIONAL EMPLOYEE LIFE INSURANCE. Check one box. Please read below for Evidence of Insurability Requirements*

- 1 times salary
 2 times salary
 3 times salary
 4 times salary*
 5 times salary*

**Eligible employees may elect to apply for 4 or 5 times their annual salary and/or amounts above \$250,000 to a maximum of \$500,000, but must submit to evidence of insurability.

OPTIONAL DEPENDENT* LIFE INSURANCE. Check one box.

Family (spouse and children). Please choose spouse and child(ren) coverage amounts.
 Spouse Only. Please choose spouse coverage amount.
 Child(ren) Only. Please choose child(ren) coverage amount.

- | | |
|-----------------------------------|-----------------------------------|
| SPOUSE | CHILDREN |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$40,000 | <input type="checkbox"/> \$2,000 |
| <input type="checkbox"/> \$30,000 | |
| <input type="checkbox"/> \$20,000 | |
| <input type="checkbox"/> \$10,000 | |

***To be eligible for Optional Dependent Life Insurance you must choose Optional Employee Life Insurance.**

***Optional Dependent Life Insurance cannot exceed Optional Employee Life Insurance amounts.**

***Spouse coverage terminates at age 70.**

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 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 the Insurance Company.

Signature of Employee

Date

Return to University Benefits Office, Campus Box 7215, Raleigh, NC 27695
 For questions, call 919-515-2151

White-MetLife
 Yellow-NCSU
 Pink-Employee