UNC HEALTH CARE

METLIFE GROUP TERM LIFE INSURANCE ELECTION CARD

Name of Employee (Print) Last	First	Middle	Social Security Number (last four digits) xxx-xx-	Employee ID#

Occupation or position	Department Name & Number	Date of Employment (mm/dd/yyyy)

☐ Male ☐ Female	☐ Single ☐ Married	Base Annual Salary	Age	Employee's Date of Birth (mm/dd/yyyy)

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

EMPLOYEE OPTIONAL LIFE INSURANCE (Check one box)

☐ 1 x Salary ☐ 2 x Salary ☐ **3 x Salary*** ☐ **4 x Salary*** ☐ **5 X Salary***

☐ AD&D INSURANCE. Check box to elect.

***To be eligible for 3 x, 4 x or 5 x Salary or an amount in excess of $250,000, must furnish medical evidence of insurability. All other employees must furnish evidence of insurability to enroll in any amount or increase their coverage.**

DEPENDENT LIFE INSURANCE (Check one box)

☐ Employee Only ☐ Employee and Child/ren ☐ Employee and Spouse/Domestic Partner ☐ Employee and Family

Spouse/Domestic Partner Amount - $25,000	Child(ren) Coverage Amount - $10,000

Dependents to be covered: Child(ren) 14 days to age 19 (26 if unmarried, full time student at college or university)

	Name	DOB	Age	Full time student?	Effective Date
Spouse	____________	________			________
Child	____________	________	____	☐ Yes ☐ No	________
Child	____________	________	____	☐ Yes ☐ No	________
Child	____________	________	____	☐ Yes ☐ No	________
Child	____________	________	____	☐ Yes ☐ No	________
Child	____________	________	____	☐ Yes ☐ No	________

Is your spouse an employee of UNC Health Care? ☐ Yes ☐ No

Name of spouse ____

Spouse/Domestic Partner may not be Insured as a dependent and as an employee.

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 none 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.

☐ I do not wish Optional 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.

____ ________________________
Signature of Employee Date

See back page to designate Beneficiary and Contingent Beneficiary(ies).

Group Number 34360

MetLife Designation of Beneficiary and Contingent Beneficiary(ies)

In accordance with the conditions of the Group Policy, I hereby designate as beneficiary:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.			**TOTAL:**	**100%**

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies):

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.			**TOTAL:**	**100%**

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

I reserve the right to change this designation at any time.

______________________________ ______________

Signature of Insured Date

For Employer Use Only	
Monthly Premium	Date Entered

Revised: 05.25.10