

To Be Completed By Human Resources

Group Number 171914	Employer Name City of Tampa	Date of Hire	Date of Retirement	Effective Date of Coverage or Change
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To Be Completed By Applicant

Apply for Coverage Beneficiary Change **Complete Beneficiary Section.**

Your Name (Last, First, Middle)	Your Social Security No.	Date of Birth	Gender
Your Address (Street Address, City, State, ZIP Code)		Phone Number	Employee I.D.

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you, and if applicable, Evidence Of Insurability requirements.

Life Insurance

Voluntary Life

Beneficiary

This designation applies to your Life insurance, if any, available through Standard Insurance Company and the City of Tampa, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the group policy during your lifetime.

Primary – Full Name	Address	Date of Birth	Phone No.	Soc. Sec. No.	Relationship	% of Benefit*
Primary – Full Name	Address	Date of Birth	Phone No.	Soc. Sec. No.	Relationship	% of Benefit*
Contingent – Full Name	Address	Date of Birth	Phone No.	Soc. Sec. No.	Relationship	% of Benefit*
Contingent – Full Name	Address	Date of Birth	Phone No.	Soc. Sec. No.	Relationship	% of Benefit*

*Total must equal 100%

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize the City of Tampa to deduct from my pension to cover my contribution, if required, toward the cost of insurance. If I'm deferring my pension, I will remit premium to the City of Tampa. I understand that my payment amount will change if my coverage or costs change.

Member Signature Required _____ Date (Mo/Day/Yr) _____

Return completed form to your Human Resources Department.

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally unless you provide for unequal shares.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

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