

Clermont County Life Insurance Beneficiary Form

Employee Information

Name	<input type="text"/>	Full Time Hire Date	<input type="text"/>	Annual Salary	<input type="text"/>
Address: # , Street, City, State, Zip <input style="width: 100%;" type="text"/>					
Clock #	<input type="text"/>	Date of Birth	<input type="text"/>	Social Security #	<input type="text"/>
Employee Work Phone #		<input type="text"/>			
Department Number	<input type="text"/>	Department Name	<input type="text"/>		

COUNTY PAID LIFE INSURANCE:

Basic' life insurance coverage for full-time employees (exception: CCDD) is: \$25,000 in Basic Life & \$25,000 in AD&D (accidental death & dismemberment) coverage. Coverage ends when employment terminates, however, you can apply to 'convert' the coverage to a personal plan within 30 days of the end of your employment by completing the appropriate vendor forms available at: www.clermontcountyohio.gov (under the 'Research' tab, select 'Employee Healthcare Benefits'). *See Plan Summary for coverage limitations.

COUNTY PAID LIFE INSURANCE BENEFICIARY DESIGNATION: *(All employees are required to complete this section except CCDD).*

Name	Relationship	Date of Birth	Address	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTINGENT BENEFICIARIES: *(in the event my primary beneficiaries predecease me)*

Name	Relationship	Date of Birth	Address	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VOLUNTARY LIFE INSURANCE:

Optional coverage. 100% employee paid. Payroll deductions are age-rated *(see the rate chart)* .

Important: You must have employee coverage in order to cover your spouse and/or child(ren). Spousal and/or child life coverage cannot exceed employee's coverage. Group coverage ends when employment terminates, however, you can apply to 'port' the coverage to extend it beyond term date. *See Plan Summary for coverage limitations.

Voluntary Life Costs: The rate chart is posted to the County web site: www.clermontcountyohio.gov (under: **Human Resources/HR forms**)

VOLUNTARY LIFE INSURANCE BENEFICIARY DESIGNATION: *(Employees electing Voluntary Life must complete this section).*

Name	Relationship	Date of Birth	Address	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VOLUNTARY LIFE CONTINGENT BENEFICIARIES: *(in the event my primary beneficiaries predecease me)*

Name	Relationship	Date of Birth	Address	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee Signature

Date Signed