



Basic Life Insurance Form

PLEASE PRINT

Employment Date: _____

Effective Date: _____

| Employee I. D. Number | | | | Department | | | | Social Security No. | | | | Sex | |
|-----------------------|--|--|--|------------|------|--|--|---------------------|--------------------|----------|--|-------------------------------|---------------------------------|
| | | | | | | | | | | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Last Name | | | | First Name | | | | M.I. | Home Phone: () | | | | |
| Address | | | | Apt. No. | City | | | | State | Zip Code | | | |

Change Beneficiaries

NAMING THE BENEFICIARY - It is important that you name a primary and contingent beneficiary that are clearly designated so there is no question of your intent. When naming your beneficiary(ies), please indicate their full name, address, contact number, date of birth, relationship, and percentage to each. If you need assistance, contact the Human Resources Department, Benefits Division – Customer Service at 832-393-6000.

| PRIMARY BENEFICIARY | | | | | |
|---------------------|---------|----------------|---------------|--------------|-----------|
| Name | Address | Contact Number | Date of Birth | Relationship | % to Each |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| CONTINGENT BENEFICIARY | | | | | |
|------------------------|---------|----------------|---------------|--------------|-----------|
| Name | Address | Contact Number | Date of Birth | Relationship | % of Each |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Employee Signature: _____ Home Phone: _____ Date: _____

Your signature must be notarized if this form is not signed in the presence of a City of Houston Human Resources or Payroll representative.

THE STATE OF TEXAS §
 §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____ 20____ A.D.

(SEAL)

Notary Public - Signature