



City of Houston Voluntary Life Insurance

9 611 Walker, 4th Floor, TX 77002 | 832-393-6000

benefits@houstontx.gov | cityofhoustonbenefits.org

Submit completed form to the Secure Document Portal at houstontx.gov/hr/benefits/sdsubmission_form.html

<input type="checkbox"/> ENROLLMENT (First Request)					
<input type="checkbox"/> CHANGE (An employee has coverage and is requesting to change beneficiary(ies), add/drop spouse/dependent(s), decrease/increase coverage or cancel coverage.)					
Employment Date			Effective Date of Coverage		
Employee ID		Email		Phone Number	
First Name			Last Name		M.I.
Mailing Address or PO Box		Apt. No.	City	State	Zip
County					

<input type="checkbox"/> I ELECT TO APPLY	<input type="checkbox"/> I ELECT TO INCREASE	<input type="checkbox"/> I ELECT TO DECREASE
New employees may apply for up to 3x salary without providing a Evidence of Insurability (EOI). All other requests must be accompanied by a medical history statement which is subject to underwriting approval		
<input type="radio"/> 1 x Salary	<input type="radio"/> 2 x Salary	<input type="radio"/> 3 x Salary
<input type="radio"/> 4 x Salary		
<input type="checkbox"/> I decline Voluntary Life Insurance Coverage	<input type="checkbox"/> I elect to cancel my Voluntary Life Insurance	

BENEFICIARY - Designation(s) must be clear. Your intent must not be questionable in order for the insurance company to properly pay the proceeds. It is important to name both a primary and a contingent beneficiary. **Note: Proceeds cannot be paid to a minor beneficiary.** Such proceeds will be held until the beneficiary reaches the age of majority. Otherwise, proceeds may be paid to a court appointed guardian of the estate of the minor or paid to a minor's trust account established prior to the insured's death.

In accordance with the conditions of the City of Houston Group Policy, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

PRIMARY BENEFICIARY DESIGNATION (Complete all information)					
Relationship	Last Name, First Name, M.I.	Contact Number	Date of Birth	Social Security Number/ITIM	Share %

Payments will be made to the above named beneficiary(ies) in equal shares or all to the survivor(s) 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 (Complete all information)					
Relationship	Last Name, First Name, M.I.	Contact Number	Date of Birth	Social Security Number/ITIM	Share %

Payments will be made to the above named beneficiary(ies) in equal shares or all to the survivor(s) unless otherwise indicated. **Total: 100%**

Your spouse, biological child, stepchild, foster child, legally adopted child, dependent grandchild, and any child who lives with you and for whom you have legal guardianship. Children may be covered up to age 26. Active and retired City of Houston employees are not eligible to be both a dependent and an insured under this policy. **Do not list currently enrolled dependent(s) on this form if you are requesting to increase their coverage.** However, you must list those dependent(s) on the Medical History Statement. ***You are responsible to drop any ineligible dependent as of the date of ineligibility. You will default any premiums paid for an ineligible dependent.**

Add	Drop	Name	Date of Birth	Social Security Number	Relationship

Date	Phone Number	Signature	HR Representative Signature
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Your signature must be notarized or signed by an HR 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 in strument, 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