

MARYLAND-NATIONAL CAPITAL PARK & PLANNING COMMISSION

BASIC LIFE INSURANCE & AD&D ENROLLMENT/BENEFICIARY DESIGNATION FORM

New Enrollment
 Beneficiary Change Only
 Dis-enroll Basic Life
 Dis-enroll Supplemental Life

EMPLOYEE INFORMATION (PLEASE PRINT)

Employee Name: _____ Hire Date: _____
 Employee ID: _____ Date of Birth: _____
 Address: _____ Home Phone: _____
 (Street, City, State, Zip) _____ Work Phone: _____

BENEFICIARY DESIGNATION (PLEASE PRINT)

I hereby designate the following person(s) as beneficiary(ies) for life insurance benefits. Funds will be disbursed as stated below. (See notes below.) Total % should equal 100%.

	Bene %
(1) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Social Security Number: _____ Phone Number: _____	_____
(2) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Social Security Number: _____ Phone Number: _____	_____
(3) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Social Security Number: _____ Phone Number: _____	_____
(4) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Social Security Number: _____ Phone Number: _____	_____

In the event there is no living primary beneficiary at my death, I designate the following person(s) as contingent beneficiary: **Bene %**

(1) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Social Security Number: _____ Phone Number: _____	_____
(2) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Social Security Number: _____ Phone Number: _____	_____
(3) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Social Security Number: _____ Phone Number: _____	_____

1. When more than one person is designated, for either the primary or contingent beneficiary (ies), if a percentage is not specified, the payment will be made in equal amounts to each surviving beneficiary, or the full amount will be paid to the last surviving beneficiary.
2. The contingent beneficiary (ies) will receive benefits, in the event all primary beneficiary (ies) die before the employee.
3. You have the right to revoke or change any of these beneficiary designations at any time by completing another form.

PAYROLL AUTHORIZATION AND VERIFICATION

I verify the accuracy of the information contained in this Beneficiary Form. This form supercedes any beneficiary designation previously filed with The Maryland-National Capital Park & Planning Commission.

I authorize The Maryland-National Capital Park & Planning Commission to deduct the required contributions from my earnings for my life insurance coverage which includes AD&D coverage.

Employee Signature	Date

HRIS _____ Verified _____