



City of Montgomery

Voluntary Employee & Dependent Life Insurance

*You can only enroll or cancel during Open Enrollment or within 30 days of a qualifying event.
Enrollment is subject to a Statement of Health.*

Effective Date: _____

Print Employee Name	Date of Birth	Employee ID #

I elect to ENROLL in the City's Voluntary Employee & Dependent Life Insurance Coverage

***Coverage:** \$10,000 for Employee. \$10,000 for Spouse. \$5,000 for each eligible child under age 26.
City employees married to each other cannot be double covered by two dependent life policies (no double coverage)
and only one parent may have coverage on a child.*

***Cost:** \$2.05/pay period. (Cost varies for School Patrol employees)*

I elect to CANCEL the City's Voluntary Employee & Dependent Life Insurance Coverage

Beneficiary Change ONLY

Employee Beneficiary – specify who should receive your life insurance proceeds after your death				
Primary Beneficiary – if you list more than one, they will share equally				
1. Name	Relationship	Date of Birth	SSN	
Address		City	State	Zip
2. Name	Relationship	Date of Birth	SSN	
Address		City	State	Zip
Contingent Beneficiary – will only receive proceeds if you are not survived by one or more Primary beneficiaries				
1. Name	Relationship	Date of Birth	SSN	
Address		City	State	Zip
2. Name	Relationship	Date of Birth	SSN	
Address		City	State	Zip

Beneficiaries can be changed anytime during the year

Employee Signature

Date Signed

Phone Number

Authorized Representative Signature

Date Signed

Submit signed Enrollment / Change Form to the City of Montgomery Benefits Division

Benefits Division: 103 N. Perry St., Montgomery, AL 36104 **Ph#:** 334-625-3692 **Fax#:** 334-625-2316 **E-mail:** benefits@montgomeryal.gov