

**Part B**



**Kent County  
Life Insurance  
Beneficiary Form**

- New Election  
 Change of Beneficiary

Basic Life & AD&D: (County Provided)  
(H.R. Use Only)  
Life Insurance Amount: \$ \_\_\_\_\_

Voluntary Supplemental Life:  
Supplemental Life Insurance Amount: \$ \_\_\_\_\_  
 Coverage Elected     No Coverage Elected  
Note: Amount of coverage determined by employment group

Supplemental Life  
Insurance Benefit \$ \_\_\_\_\_  
Divide by 1,000 \_\_\_\_\_  
Times rate \_\_\_\_\_  
Monthly Cost = \$ \_\_\_\_\_

AGE	Rate per \$1,000
<29	.057
30-34	.067
35-39	.076
40-44	.114
45-49	.209
50-54	.371
55-59	.646
60-64	1.245
65+	2.271

Employee Social Security No.	Employee Last Name	Employee First Name	M.I.	Sex	Birthdate	Work Phone	Date of Hire
Home Address		City	State	Zip	Home Phone	Employee #	

**Dependent Life Insurance:** (Management Pay Plan Employees, Judges/Elected, & Commissioners only)  
 Dependent Life Insurance Benefit: **Spouse** - \$25,000    Child - up to age 19 or 25 if full time student - \$10,000. Monthly cost is \$3.75 per family unit.  
 Coverage Elected     No Coverage Elected     Spouse     Dep-1     Dep-2     Dep-3     Dep-4

Beneficiary Information (Note: % of benefit totals for beneficiaries must equal 100%)							Basic	Supplemental
Primary Beneficiary Last Name	Primary Beneficiary First Name	Beneficiary Social Security No.	Phone	Date of Birth	% Benefit	% Benefit		
Home Address		City	State	Zip	Relationship			
Primary Beneficiary Last Name	Primary Beneficiary First Name	Beneficiary Social Security No.	Phone	Date of Birth	% Benefit	% Benefit		
Home Address		City	State	Zip	Relationship			
Primary Beneficiary Last Name	Primary Beneficiary First Name	Beneficiary Social Security No.	Phone	Date of Birth	% Benefit	% Benefit		
Home Address		City	State	Zip	Relationship			
Primary Beneficiary Last Name	Primary Beneficiary First Name	Beneficiary Social Security No.	Phone	Date of Birth	% Benefit	% Benefit		
Home Address		City	State	Zip	Relationship			
Contingent Beneficiary Last Name	Contingent Beneficiary First Name	Beneficiary Social Security No.	Phone	Date of Birth	% Benefit	% Benefit		
Home Address		City	State	Zip	Relationship			
Contingent Beneficiary Last Name	Contingent Beneficiary First Name	Beneficiary Social Security No.	Phone	Date of Birth	% Benefit	% Benefit		
Home Address		City	State	Zip	Relationship			

I understand that the above elections are binding, and I am authorizing Kent County to deduct any premiums for coverage from my earnings. I understand that if I waive any of the above coverage I will be unable to change my elections until the next Open Enrollment period unless I experience a change in my family status. Should I fail to modify my beneficiary designations during the course of my tenure with Kent County, the County will distribute the proceeds of any life insurance policy to the beneficiaries according to the latest beneficiaries listed.

If I am enrolling in Supplemental life I understand: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absences on the date that insurance would otherwise become effective.

If I am enrolling in Dependent Life I understand: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_