



**City of Newport News**  
**Employees' Retirement and Benefits Office**  
 2400 Washington Avenue  
 Newport News, VA 23607

Insurance Enrollment &  
 Beneficiary Designation  
 Form

New Enrollment                       Benefit Option Change                       Change of Beneficiary

Employee Name:	
Employee's Date of Birth:	
EID/SSN:	
Address:	
Work Telephone: Home Telephone:	

**I elect the following Life Insurance Coverage (check box to mark your selection):**

<b>Basic Life:</b>	<input checked="" type="checkbox"/> 1 X Basic Annual Earnings	<b>Date of Employment:</b>
<b>Supplemental Life:</b> <i>Please choose only one</i>	<input type="checkbox"/> 1 X <input type="checkbox"/> 2 X <input type="checkbox"/> 3 X or <input type="checkbox"/> 4 X Basic Annual Earnings  <small>*Guaranteed coverage amount is the lesser of 4 times Annual Compensation or \$350,000 when combined with the Basic Guaranteed Issue Amount.</small>	
<b>Dependent Life:</b> <b>(Spouse Life Only)</b> <i>Please choose only one</i>	<input type="checkbox"/> ½ X <input type="checkbox"/> 1 X <input type="checkbox"/> 1½ X <input type="checkbox"/> 2 X  <small>*Cannot exceed 50% of Employee elected amount. Guaranteed coverage amount is the lesser of 0.5 times your salary or \$50,000 for those who have not completed EOL.</small>	<b>Spouse's Name:</b>
		<b>Spouse's Social Security #:</b>
		<b>Spouse's Date of Birth:</b>
<b>Dependent Life:</b> <b>(Child Only)</b>	<input type="checkbox"/> \$10,000  <small>*14 days to 6 months old - \$500</small>	<b>Date of Birth of Youngest Child:</b>

I decline optional coverage: \_\_\_\_\_  
Signature Date

**Primary Beneficiary:**

Name:	Address:	Phone Number:	Relationship:	%

**Contingent Beneficiary:**

Name:	Address:	Phone Number:	Relationship:	%

***\*Please list additional Beneficiaries on the back of this page or on an attached separate sheet of paper.***

If contributions are required under this plan, I authorize my employer to deduct from my earnings, until further notice, my contributions for this insurance.

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