



County Of Sacramento Life Insurance Enrollment Form Instructions

Employee Benefits Office
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<http://www.hra.saccounty.net/employ/ben/content.htm>

Open for instructions to complete the enrollment form.

Active Employee Life Insurance Election Form Instructions

1. Complete “Employee Information” – Full name, Social, Birth date, current residence, marital status, etc
2. Complete “Dependent Coverage Information” only if you’re in bargaining unit 005 and 008 and you want Optional Dependent Life coverage.
 - a. This Optional coverage pays a benefit to you in the event a dependent dies.
 - b. Note: Although the cost of Dependent Life is paid by the County, you are responsible for the taxes on the value of the total benefit if the benefit exceeds \$2,000, or when the coverage applies to a domestic partner, same sex spouse, or the dependents of domestic partners that are not your IRS defined dependents – See Page 25-26 of the County of Sacramento Summary of Benefits book.
3. Select your “Optional Coverage” level only if you want to purchase Optional Life coverage.
 - a. This Optional coverage pays an increased benefit to your beneficiary in the event of your death.
 - b. Review your Benefits Information sheet for your costs for Optional coverage.
 - c. Note: this coverage is paid for by the Employee.
4. Complete the “Beneficiary Information”. This is the person(s) who will receive the benefit in the event of your death.
 - a. If you want more than one beneficiary, the total amounts between all beneficiaries must equal 100 %.
 - b. If no specific beneficiary is listed, then benefits are paid in the following order:
 - i. Spouse/ Domestic Partner,
 - ii. Natural and Adopted Children,
 - iii. Parents,
 - iv. Your Estate
 - c. Trustee information is required if you name a minor child as a beneficiary.
5. Sign and date the form.



Internal Services Agency
Department of Personnel Services

Terry Schutten, County Executive
 Mark Norris, Agency Administrator
 David Devine, Department Director

Employee Benefits Office
 AnnMarie Meyer, Manager

County of Sacramento

LIFE INSURANCE ENROLLMENT/CHANGE FORM

Employee Name _____ #1 _____ SSN _____

Address _____ City _____ Zip _____

DOB _____ Date of Hire _____ Marital Status _____

Optional Coverage New Enrollment Change Option

- Enroll Cancel Option A (1 X annualized salary to \$50,000 max)
- #3 Enroll Cancel Option B (1 X annualized salary to \$500,000 max, plus County paid Basic)
- Enroll Cancel Option C (2 X annualized salary to \$500,000 max, plus County paid Basic)
- Enroll Cancel Option D (3 X annualized salary to \$500,000 max, plus County paid Basic)

Beneficiary Information

Name and Address		Relationship	Date of Birth (If under 18)	Percentage
				%
				%
				%
				%
Trustee for minor child		Address		Phone
#4c				

Dependent Enrollment (Bargaining Units 005 & 008 Only)

Spouse/DP Name _____ Date of Birth _____
 Child Name _____ #2 _____ Date of Birth _____
 Child Name _____ Date of Birth _____
 Child Name _____ Date of Birth _____

I authorize my employer to deduct from my wages the premium, if any, for the elected coverage. To the best of my knowledge and belief, the information I have provided on this form is correct. **I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.** I understand my coverage begins on the effective date assigned, provided I am actively at work.

_____ #5 _____
Employee Signature **Date**

Reviewed By		Date	
Basic Coverage	Effective Date	Optional Coverage	Effective Date
<input type="checkbox"/> \$15,000 <input type="checkbox"/> \$18,000 <input type="checkbox"/> \$50,000			