

**MARYLAND-NATIONAL CAPITAL PARK & PLANNING COMMISSION
DEPENDENT LIFE INSURANCE ENROLLMENT FORM**

New Enrollment Qualifying Event Delete Dependent Add Dependent Dis-enroll

EMPLOYEE INFORMATION (PLEASE PRINT)

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

COVERAGE LEVEL OPTIONS (SELECT ONLY ONE COVERAGE OPTION)

- Option 1: \$10,000 (Spouse)/ \$5,000 (Child(ren) at \$1.13 per pay period / \$2.45 monthly
 Option 2: \$20,000 (Spouse)/ \$10,000 (Child(ren) at \$2.26 per pay period / \$4.90 monthly
 Option 3:* \$30,000 (Spouse)/ \$15,000 (Child(ren) at \$3.39 per pay period / \$7.35 monthly

* Must complete Evidence of Insurability form for spouse.

NOTE: If your spouse is a Commission employee eligible for benefits he/she cannot be covered as a dependent.

SPOUSE AND CHILDREN INFORMATION (CHILD MUST BE UNDER AGE 26)

- (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: _____
- (5) Full Name _____ Relationship: _____
Address: _____
Date of Birth: _____ Social Security Number: _____ Phone Number: _____

AUTHORIZATION AND VERIFICATION

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

Employee Signature

Date

HRIS _____ Verified _____