Employes' Retirement System City of Milwaukee 789 North Water Street, Suite 300 Milwaukee, WI 53202 1-800-815-8418 or 414-286-3557	**VOLUNTARY & FAMILY LIFE INSURANCE APPLICATION (General Employees)**

POLICY HOLDER'S NAME: CITY OF MILWAUKEE

PARTICIPANT'S INFORMATION

NAME:	First:	MI:	Last:		
Last Four # of SSN:		BIRTHDATE:	☐ MALE ☐ FEMALE	PERSON ID:	

PARTICIPANT'S DECLARATION

I do desire the Voluntary Life Insurance and hereby authorize a monthly deduction from my salary to cover my share of the premium due.

The beneficiary(ies) as designated by me on the City of Milwaukee – Group Life Insurance Beneficiary Designation form, will be entitled to the proceeds from this policy.

The voluntary coverage herein applied for will be in addition to my City provided base benefit of $50,000.

A minimum of 50% voluntary coverage must be maintained to qualify for $10,000 in City paid coverage at retirement upon reaching age 65. The most coverage any employee can have is $300,000 Voluntary + $50,000 City provided base benefit.

VOLUNTARY LIFE INSURANCE

(make only one selection)

- ◯ **50%** of annual base salary
- ◯ **100%** of annual base salary
- ◯ **150%** of annual base salary
- ◯ **200%** of annual base salary
- ◯ **250%** of annual base salary
- ◯ **300%** of annual base salary
- ◯ **NO** I do not desire voluntary life insurance

FAMILY LIFE INSURANCE

- ◯ **YES** I do desire family coverage ($25,000 Spouse - $10,000 Dependent children 6 month of age through 26 years of age - $2,000 Dependent children 14 days through 5 months of age).
- ◯ **NO** I do not desire family coverage.

<u>Only</u> members that elect voluntary coverage can purchase family coverage.

I understand that I can later re-apply for the voluntary and family life insurance during any subsequent "Open Enrollment Period". Evidence of Insurability may be required.

The benefits described above may be subject to change by the employer, which preserves the right to amend or modify the Group Life Insurance Plan.

SIGNATURE

_____ Date: _____