



## Enrollment and Change Form (Retirees)

Mark all boxes and complete all sections that apply. Return completed form to Human Resources.

<b>APPLICANT</b>	Your Name (Last, First, Middle)		Group Name		Policy Number	
	Address		City of Chicopee		146562	
	Social Security #		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation
<b>LIFE</b>	<p><i>Check with your Human Resources/Benefits Department about coverage options available to you and Evidence of Insurability requirements.</i></p> <p><b>Retiree</b>  <input type="checkbox"/> Basic Life \$10,000</p>					
<b>BENEFICIARY</b>	<p><i>This designation applies to Life/Life with AD&amp;D Insurance available through your Employer, if any. Designations are NOT valid unless signed, dated, and delivered to your Employer during your lifetime. See page 2 for further information.</i></p>					
	Primary- Full Name		Address		Social Security #	Relationship
	Contingent- Fill Name		Address		Social Security #	Relationship
<b>CHANGE</b>	<p><i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i></p> <p> <input type="checkbox"/> Add Dependent   <input type="checkbox"/> Delete Dependent   <input type="checkbox"/> Name Change   <input type="checkbox"/> Beneficiary Change  Date of Add/delete _____   Former name _____   <input type="checkbox"/> Other _____ </p>					
<b>SIGNATURE</b>	<p><i>I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction will change if my coverage or costs change.</i></p> <p>_____</p> <p>Member/Employee Signature Required <span style="float: right;">Date (Mo/Day/YR)</span></p>					
<b>Human Resources/Benefits Department- Complete this section. Retain form for your records</b>						
Division	Billing Category	Date of Hire/Rehire	Hours Worked Per Week	Earnings		
				\$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	