

# CENTRAL PIEDMONT COMMUNITY COLLEGE METLIFE ELECTION CARD

Social Security Number _ _ - _ - _		Name of Employee (Print) Last First Middle			Position	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Date of Birth Month Day Yr		Date of Employment Month Day Yr	
Work Location		Group Number <b>100942</b>		Relationship to Employee		
Primary Beneficiary		Last First Middle		Age		
Contingent Beneficiary		Last First Middle		Age		
Contingent Beneficiary		Last First Middle		Age		

I have read the announcement (copy of which I have received) describing Group Life Insurance underwritten by MetLife Insurance Company and desire to elect in addition to the Basic Life Insurance amount for which I am eligible the Optional Life Insurance indicated by the boxes checked below.

**OPTIONAL EMPLOYEE LIFE INSURANCE. Check one box.**

\$100,000\*   
  \$50,000   
  \$40,000   
  \$30,000   
  \$20,000   
  \$10,000

**\*TO BE ELIGIBLE FOR AMOUNTS OVER \$50,000 YOU MUST FURNISH EVIDENCE OF INSURABILITY SATISFACTORY TO METLIFE.**

**DEPENDENT LIFE INSURANCE.**   
 Family (Spouse & Children)   
 Spouse Only   
 Children Only

**IF YOU ELECT FAMILY OR SPOUSE ONLY COVERAGE, CHECK THE SPOUSE AMOUNT DESIRED:**   
 \$10,000   
 \$20,000

**\*\*TO BE ELIGIBLE FOR \$20,000 OF COVERAGE YOUR SPOUSE MUST FURNISH EVIDENCE OF INSURABILITY SATISFACTORY TO METLIFE AND YOU MUST ALSO ELECT A MINIMUM OF \$20,000 EMPLOYEE OPTIONAL LIFE INSURANCE.**

**ELIGIBILITY**

I hereby certify that I have read the eligibility requirements under "When Your Insurance Becomes Effective" in my employer's announcement brochure describing the Group Life Insurance program, a copy of which I received. I further certify that I have not been hospitalized in the last three months, as defined in the afore-mentioned brochure. I understand that, if I do not satisfy the eligibility requirements for date of enrollment and for effective date of coverage, that I will not become insured for Optional Life Insurance until such time as I furnish medical evidence of insurability satisfactory to MetLife.

I elect only basic coverage which is paid by my employer. I do not wish Optional Life Insurance at this time and understand that I will be required to submit evidence of insurability satisfactory to MetLife Insurance Company to obtain coverage at a later date.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date