

Clermont County Life Insurance Beneficiary Form

Employee Information

Name	Full Time Hire Date	Annual Salary
Address: Street Address, City, State, Zip		
Clock #	Date of Birth	Social Security # Employee Work Phone #
Department Number	Department Name	

COUNTY PAID LIFE INSURANCE:

Basic' life insurance coverage for full-time employees (exception: CCDD) is: \$25,000 in Basic Life & \$25,000 in AD&D (accidental death & dismemberment) coverage. Coverage ends when employment terminates, however, you can apply to 'convert' the coverage to a personal plan within 30 days of the end of your employment by completing the appropriate vendor forms available at: www.clermontcountyohio.gov (under the 'Research' tab, select 'Employee Healthcare Benefits'). *See Plan Summary for coverage limitations.

COUNTY PAID LIFE INSURANCE BENEFICIARY DESIGNATION: (All employees are required to complete this section except CCDD).

Name	Relationship	Date of Birth	Address	Share %

CONTINGENT BENEFICIARIES: (in the event my primary beneficiaries predecease me)

Name	Relationship	Date of Birth	Address	Share %

VOLUNTARY LIFE INSURANCE:

Additional, optional coverage. 100% employee paid. The payroll deductions are age-rated (see the rate chart).

Important Notes: You must have employee coverage in order to cover your spouse and/or child(ren). Spousal coverage cannot exceed employee's coverage; Child life cannot be more than 50% of the employee's coverage.

Coverage ends when employment terminates: You can apply to 'port' the coverage to continue it beyond your employment with Clermont County. The 'Port Coverage' form is available at: www.clermontcountyohio.gov (under the 'Research' tab, select 'Employee Healthcare Benefits'). *See Plan Summary for coverage limitations.

Voluntary Life Costs: The rate chart is located on the County web site: www.clermontcountyohio.gov /'Research'/'Employee Healthcare'

VOLUNTARY LIFE INSURANCE BENEFICIARY DESIGNATION: (Employees electing Voluntary Life must complete this section).

Name	Relationship	Date of Birth	Address	Share %

VOLUNTARY LIFE CONTINGENT BENEFICIARIES: (in the event my primary beneficiaries predecease me)

Name	Relationship	Date of Birth	Address	Share %

Employee Signature

Date Signed