

METROMONT CORPORATION
EMPLOYEE CONFIDENTIAL VOLUNTARY LIFE SELECTION

Effective Date: _____

EMPLOYEE INFORMATION

FIRST NAME	MI	LAST NAME	M/F	DOB	SS#	Used Tobacco (last 12 mo)
						<input type="radio"/> Yes <input type="radio"/> No

SPOUSE INFORMATION (If electing coverage)

						<input type="radio"/> Yes <input type="radio"/> No
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CHILD(REN) INFORMATION (If electing coverage)

STREET ADDRESS: _____

CITY: _____	STATE: _____	ZIP: _____
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PHONE #: () _____	DATE OF HIRE: _____	# Hours per week: _____	Class Type: <input type="radio"/> Hourly <input type="radio"/> Salary
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TERM LIFE	EMPLOYEE	(If Covered) SPOUSE	(If Covered) CHILD	TOTAL
20 Year Term	<input type="radio"/> \$100,000 <input type="radio"/> \$50,000	<input type="radio"/> \$50,000* <input type="radio"/> \$25,000* <input type="radio"/> \$15,000	<input type="radio"/> \$15,000* <input type="radio"/> \$10,000	
Payroll Deduction Amount(s):	\$ _____	\$ _____	\$ _____	\$ _____

* **PLEASE NOTE:** These benefit amounts require completion of evidence of insurability & approval by company.

	Yes	No
Is this insurance being applied for intended to replace or change existing life insurance coverage?	<input type="radio"/>	<input type="radio"/>
If applying for spouse and/or child(ren) coverage is any proposed insured currently disabled? (If yes, provide name of proposed insured who will be excluded from coverage):	<input type="radio"/>	<input type="radio"/>

BENEFICIARY INFORMATION

First Beneficiary Name	Percentage%	Relationship
Second Beneficiary Name (Only if you want to split %)	Percentage%	Relationship

By signing below, I agree to have premiums deducted from my pay for life insurance.

X _____ SIGNATURE	_____ DATE
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