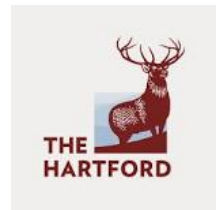




ARCHDIOCESE OF NEW YORK



GROUP NON-CONTRIBUTORY BASIC LIFE ENROLLMENT AND CHANGE FORM

Please print clearly and be sure to sign and date this form. Return your completed form to your employer's office.

- ( ) I want to be covered under the group plan benefits for which I am eligible. (Initial enrollment)
( ) Update: Change of beneficiary

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_
Home Address: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Sex: ( ) Male ( ) Female Marital Status: \_\_\_\_\_
Institution Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Institution #: \_\_\_\_\_ Division #: \_\_\_\_\_ Occupation: \_\_\_\_\_
Salary: \$ \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Designation of Beneficiary

( ) I designate as my beneficiary(ies):

Name: \_\_\_\_\_
Address: \_\_\_\_\_
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_
Name: \_\_\_\_\_
Address: \_\_\_\_\_
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_

If the beneficiary dies before me, I designate as contingent beneficiary:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_

- Your Basic Life Insurance benefit will be reduced by 35% on the date you attain age 66 and 50% when you attain age 70.
If there is more than one beneficiary or more than one contingent beneficiary, they will share the death benefits equally, or all will be paid to the survivor.
I RESERVE the right to change this designation at any time.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For additional beneficiaries, please attach a separate list and include the names, addresses, dates of births and relationship to the employee.

Administrators: Please send completed form to Employee Benefit Connections at ebc@archny.org. For any questions or further assistance, please call 1-646-794-3060. If you are in a Regional Schools send completed form to the local HR Coordinator.