



120 Royall Street • Canton, MA 02021

PLEASE PRINT OR TYPE

Please refer to your Administration Kit for enrollment and mailing instructions

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE / FAMILY INFORMATION

Form fields for employee information including Employer/Policyholder (Town of Needham), Employee Name, Home Address, Gender, Occupation, Date of Birth, Age, PAYROLL TYPE, Earnings, Average Hours Worked, Date of Hire, Effective Date, State, Class, Spouse, and No. of Dependents.

You Must Have Basic Coverage to Elect Voluntary Coverage | You Must Have Voluntary Coverage to Elect Dependent Coverage

Form for selecting coverage options. Includes sections for LIFE (BASIC and VOLUNTARY) and DEPENDENT LIFE (CHILD(REN)) with checkboxes for YES/NO and insurance amounts.

Name of Your Beneficiary(ies) for Life and/or AD&D Benefits: (Total Percentage of Benefit must equal 100%) List Additional Beneficiaries on separate sheet

Table for listing beneficiaries with columns for Primary/Contingent Beneficiary(ies), Residential Address, Date of Birth, Social Security #, Tel. #, Relationship, and % of Benefit.

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary. If an insured dependent dies, we will pay the proceeds to you.

ACCEPTANCE OF INSURANCE - Employee Signature Required

Signature section containing a declaration of insurance acceptance and a line for the Signature of Employee and Date.

REFUSAL OF INSURANCE

Form fields for Refusal of Insurance, including Employee Name, Employee/Policyholder, and Group No.

I hereby certify that I have been given an opportunity to participate in the Group Insurance Plan offered by my Employer (or the Association with whom I am affiliated) and insured by Boston Mutual Life Insurance Company and that I have declined to do so with respect to:

- Basic Life & AD&D, Voluntary Life & AD&D, Dependent Life

I further understand that if I desire to participate in the Plan at a later date with respect to the coverage checked, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Employee and Signature of Witness lines with corresponding Date fields.