GROUP LIFE INSURANCE ENROLLMENT

Please print **Return to Human Resources____**

Employee's Name: Last First Middle Initial

Date of Employment (Mo./Day/Yr.)	Date of Birth (Mo./Day/Yr.)	Sex 0 Male 0 Female
Social Security Number	Department	

EMPLOYEE LIFE INSURANCE- I understand that as an eligible employee, I am covered by Tulane's group life insurance plan. I designate the beneficiary(ies) under this plan as shown below. Furthermore, I reserve the right to change the beneficiary(ies) in accordance with the policy provisions. (Beneficiary should be written "Helen Jones," not "Mrs. Henry A. Jones" or "Mrs. H. A. Jones.") PRINT BELOW FULL NAME(s) AND RELATIONSHIP TO YOU.

BENEFICIARY'S NAME	RELATIONSHIP TO EMPLOYEE

If more than one beneficiary is named, the death benefit unless otherwise indicated, will be paid in equal shares to the designated beneficiaries who survive the insured. If no such beneficiary survives, payment will be made in accordance with policy provisions.

DEPENDENT LIFE INSURANCE-I further understand that I will be covered for Dependent Group Life Insurance as described in the Schedule of Benefits. Eligible dependents are my spouse and my unmarried children including step-children or legally adopted children from 10 days of age to 19 years, or to age 26 if full-time students and as defined in the explanatory materials.

Do you now have eligible dependents? 0 Yes 0 No List eligible dependents on back.

I hereby accept the form(s) of group insurance presently contracted for by my employer in the amount(s) for which I am or may become eligible. I understand that the above beneficiary designation also applies to the Death Benefit Plan and the Business Travel Plan.

DATE SIGNATURE OF EMPLOYEE

List eligible dependents-spouse and unmarried children including step-children and legally adopted children from 10 days of age to 19 years, or to age 26 if full-time students.

Name	Date of Birth			Relationship	Sex
	Month	Day	Year		
				Spouse	
				Child	
				Child	
				Child	
				Child	
				Child	
				Child	
				Child	
				Child	