

RPI 2002 Supplemental Life Insurance Election Form

AIG Life Insurance Company

Social Security Number		Name: Last			First		MI
Street Address			City		State	Zip Code	
Home Phone		Work Phone			Date of Birth		
Email Address				Marital Status		Single	Married
						Divorced	Widow(er)
Sex	Male	Female	Date of Hire		Job Title		
Salary		Full-Time	Part-Time	Hours per Week		Smoker	Non-Smoker

Supplemental Life Insurance Election Amount Available in increments of \$10,000 up to 4.5 times your base salary	\$ <input type="checkbox"/> Waive Coverage
Spousal/Dependent Life Insurance Election Amount You must enroll in Supplemental Life if you want this coverage.	<input type="checkbox"/> \$10,000 in spousal life and \$2,000 in dependent life <input type="checkbox"/> Waive Coverage

Life Insurance Beneficiary (Must be completed by all Employees)		
Primary Beneficiary	Relationship	Date of Birth
Secondary Beneficiary	Relationship	Date of Birth

Dependent Information	Relationship	Date of Birth
Employee		
Spouse		
Child		
Child		
Child		

When the plan of insurance, as presented to me, becomes effective, I authorize any required deduction from my wages, to pay my portion of the premiums. This signature is also to verify the accuracy of the information on this card.

Employee Signature _____ Date _____