

MIT LIFE INSURANCE ENROLLMENT / CHANGE FORM
PERSONAL INFORMATION (always complete this section)

Last Name	First Name	Middle Initial	Social Security Number
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Home Address	City	State	Zip
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Office Address (Building-Room)	MIT Extension	Date of Birth
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112757

Date of Hire	Group Number
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Reason for Enrollment:

- New Enrollment Change in Coverage Cancel Coverage

New Enrollment or Change in Coverage may result in having to provide Medical Evidence of good health.

COVERAGE OPTIONS

Optional (Supplemental) Life:

This coverage is optional and in addition to your Basic Life coverage. If you would like to add or make changes to your beneficiary information, please complete a beneficiary form.

Refer to the Health and Welfare rate sheet to calculate your cost for coverage.

I want to: Please select the amount of coverage (see Medical Evidence Requirements below for important information).

- 1 x salary 2 x salary 3 x salary 4 x salary 5 x salary

BASIC LIFE AND ACCIDENTAL DEATH OR DISMEMBERMENT: (Insured and Administered by Metropolitan Life Insurance Company)

This coverage is automatically provided and fully paid for by MIT. You must designate a beneficiary for this coverage. The beneficiary form may be obtained at the Benefits Office in E19-215 or from the web site: <http://hrweb.mit.edu/benefits/index.html>.

MEDICAL EVIDENCE REQUIREMENTS

You must furnish evidence of your good health satisfactory to Metropolitan Life Insurance Company if:

1. Optional (Supplemental) Life Insurance is elected upon initial eligibility (within 31 days from Date of Hire or Date of Benefits Eligibility) and this results in Optional (Supplemental) Life coverage which exceeds the lesser of 3 times your annual earnings or \$500,000.
2. If you elect to increase your coverage after your initial eligibility.

If your request for additional coverage is approved, you will receive notification from Metropolitan Life Insurance Company.

Employee Signature: _____ Date: _____