

MIT SUPPLEMENTAL LIFE INSURANCE ENROLLMENT/CHANGE FORM

Group Number: **112757**

EMPLOYEE PERSONAL INFORMATION

(NAME, ID AND PHONE CONTACT INFORMATION MUST BE COMPLETED)

Last Name:	First Name:	Middle:	MIT ID:
Home Address:			Date of Hire:
P.O. Box:	City:	State:	ZIP Code:
MIT Phone Number:	MIT Email Address:	Office Address (Building/Room):	Home Phone Number:

SUPPLEMENTAL LIFE INSURANCE ENROLLMENT & COVERAGE OPTIONS

Supplemental Life Insurance coverage is optional and is 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. Beneficiary forms, supplemental life coverage costs, coverage limits and effective dates are located at: <http://hrweb.mit.edu/benefits/supplemental-life-insurance>

Reason for Enrollment/Change (check one box): New Enrollment Change in Coverage Cancel Coverage

Please select a coverage level:

1x base salary 2x base salary 3x base salary 4x base salary 5x base salary 6x base salary 7x base salary

New enrollment or change in coverage level may require medical evidence of good health. See Medical Evidence Requirements below.

MEDICAL EVIDENCE REQUIREMENTS

The MIT Benefits Office will review your Supplemental Life Insurance Enrollment/Change form and, if necessary, will send you a Statement of Health form. You are responsible for completing and sending the Statement of Health form to MetLife.

You must furnish medical evidence of your good health satisfactory to MetLife Insurance Company if:

- 1) Supplemental Life Insurance is elected upon initial eligibility (within 31 days from Date of Hire or Date of Benefits Eligibility) and the election results in Supplemental Life coverage which is more than either 3 times your base salary or \$500,000.
- 2) If you elect to increase your coverage level or coverage amount after your initial eligibility.

MetLife Insurance Company will contact you directly regarding the status of your application.

Employee signature _____

Date _____

(07/16)



77 Massachusetts Avenue
Building NE49-5000
Cambridge, Massachusetts 02139-4307
<http://hrweb.mit.edu/benefits>

Email: benefits@mit.edu
Phone: 1-855-253-6151
1-617-253-6151
Fax: 1-617-253-2694