Metro Police Associations
PUBLIC EMPLOYEE VOLUNTARY LIFE PLAN
Western Insurance Specialties www.wisnv.com 800-342-0707

Association: ☐ **LVPMSA**   ☐ **LVPPA**   ☐ **LVPPACE**

AIG

Last Name

First Name

Date of Birth

Number & Street Address

Annual Salary

City

State

Social Security Number

Date of Eligibility

Zip Code

Work Phone

Sex
☐ Male   ☐ Female

Home Phone

Email Address _____

COMPLETE IF ELECTING SPOUSE/ DOMESTIC PARTNER COVERAGE

Last Name

First Name

Sex
☐ Male   ☐ Female

DOB

Social Security Number

TERM LIFE INSURANCE   Policy V256032   Company Use Only

Employee Amount   **Spouse/ Domestic Partner**

$

(EMPLOYEE MUST CARRY MINIMUM OF $10,000 MAXIMUM OF $750,000)

	GI/IF	GI/IF Eff	Approved Amt	Eff Date
EE	_____k	___/__	_____k	___/___
SP	_____k	___/___	_____k	___/___
CH	_____k	___/___	_____k	___/___
AC	_____k F/M	___/___	_____k	___/___

Child Coverage
☐ **$10,000 = $1.80 mo.**   ☐ **$20,000 = $3.60 mo.**
(one monthly premium covers all children)

ACCIDENTAL DEATH & DISMEMBERMENT RIDER

☐ $250,000 Employee $ 4.50mo

☐ $250,000 Employee & Family $ 8.00mo

☐ $500,000 Employee $ 9.00mo

☐ $500,000 Employee & Family $16.00mo

☐ $750,000 Employee $13.50mo

☐ $750,000 Employee & Family $24.00mo

EMPLOYEE'S BENEFICIARY

First Name

Date of Birth
___ /____ /___

Last Name

Relationship

Social Security #
____ -___ -_____

☐ **I ACCEPT**
☐ **I DECLINE**

I authorize my employer to deduct the premiums from my earnings. I acknowledge the terms and conditions on the reverse of this form.
I realize this offering may not be available at a future date.

Return all copies to: Western Insurance Specialties
P.O. Box 12910   Reno, NV 89510

Date of Orientation

Employee's Signature

Date
___ /____ /___

Spouse's/ Domestic Partner's Signature

Date
___ /____ /___

I represent that all of the information on this form is true and complete to the best of my knowledge and belief. I understand that this insurance is subject to all of the terms of the Plan & Schedule of Insurance contained in the Group Policy Certificate.

I understand that the insurance I have elected for myself will begin on the effective date, provided I am actively at work on that date. *Active-at-Work Rule:* If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage. Further, I understand that any insurance subject to evidence of good health or medical information will not become effective until the first of the month after AIG gives its written consent.

If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

I understand that Domestic Partner is defined as:
An adult member of a household, either same or opposite sex, who is not legally married and who is in a long-term relationship with the employee that includes financial and emotional commitment and interdependence (akin to marriage).

Choosing your beneficiary[1]

- **You can name as many beneficiaries as you want**. If listing more than one, attach a sheet to this form listing all beneficiaries and "percentage" of proceeds. Sign and date the attachment. A change form is located on our website (wisnv.com) for your convenience.

- **Spell out each person's full name, social security number, date of birth <u>and</u> his or her relationship to you**.

- **If you are married, reside in a community property state** (i.e., Nevada and California), and name someone other than your spouse as beneficiary, it is possible that payments of benefits will be delayed or disputed.

- **Try not to name minor children as beneficiaries** (under the age of 18), because they'll need a court-appointed guardian of their estate to manage their money as beneficiary.

Remember to review your beneficiary designations every once in a while…especially after major life events like births, deaths, weddings, divorces, graduations and retirements…you can always make changes.

[1] You may want to talk to an estate planner, accountant or attorney before you make your decision.