State of West Virginia ★ Public Employees Insurance Agency

Basic Life Insurance Enrollment Form

BASIC LIFE

Complete this form to enroll for PEIA basic life insurance coverage. Complete all sections of the form except the last section, "AGENCY", and return it to your benefit coordinator.

EMPLOYEE

Name (Last)	(First)	(MI)	(Generation: Jr., Sr., etc.)	Social Security Number

Street Address	County of Residence	Home Phone
		( )

City	State	Zip	Job Title	Work Phone
				( )

Sex (Circle One)	Date of Birth (mm/dd/yyyy)	If you do not wish to participate in PEIA coverage, please sign this box and return this form to your benefit coordinator. I decline to participate in any PEIA coverage.
M F		Signature: Date:

BENEFICIARY

Please designate the beneficiary(ies) of this basic term life insurance policy in the space provided below. The life insurance amount will be distributed equally among all designated beneficiaries unless otherwise indicated. If unequal percentages are assigned to the beneficiaries, the share of any beneficiary who predeceases the employee will be distributed equally among all surviving named beneficiaries. If no beneficiary survives the employee, payment will be made in accordance with the terms of the policy. The name of the beneficiary should be fully spelled out, and written "Jane B. Doe," not "Mrs. John Doe" or "Mrs. J. A. Doe".

Beneficiary Name (Last, First, MI, Generation)	Beneficiary Address (Street, City, State, Zip)	Social Security #	Relationship To Insured	Distribution % *Total must equal 100%*

COVERAGE

Decreasing Term Benefit For Active Employees

The Basic Life Insurance offered by PEIA is decreasing term coverage, which means that the amount of life insurance decreases as you age. Here are the policy values for Active employees:

Employee under age 65	$10,000
Employee Age 65 but under 70	$6,500
Employee Age 70 and over	$5,000

AFFIDAVIT

Tobacco Affidavit

Please mark which members of the family use tobacco and sign the acceptance box below. If none of the people enrolled on your PEIA coverage uses tobacco, you will receive the discount on your PEIA PPB Plan health coverage (if any) and optional life insurance premiums. I acknowledge by signing the Acceptance box below that WVPEIA or its agents have access to my medical records to check my tobacco use status.

Who uses tobacco: ☐ Policyholder ☐ Dependent (spouse and/or children) ☐ No Tobacco Users within the last six (6) months

ACCEPTANCE

I hereby accept the basic life insurance. I understand that the PEIA may change the types or levels of benefits or the amount of contribution. I certify that the above information is true and correct and understand that providing false information on this form is illegal and that those who provide false information may be prosecuted.

Employee Signature: Date:

To Be Completed By The Employer:

AGENCY

Agency Name	Account Number	Date of Employment

Hours Worked Weekly	Effective Date of Coverage	Index Code	Region	Coverage Code

I hereby certify that this information is true and this applicant meets the minimum eligibility requirements for the Public Employees Insurance Plan.

Authorized Signature: Date:

WHITE - PEIA CANARY - Payroll Location PINK - Employee

Revised July 2004