MIT DEPENDENT 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:

DEPENDENT LIFE INSURANCE ENROLLMENT & COVERAGE OPTIONS

Dependent Life Insurance coverage is optional and in addition to your Basic and Supplemental Life coverage. Dependent Life Insurance costs and effective dates are located at: http://hrweb.mit.edu/benefits/dependent-life-insurance

Reason for Enrollment/Change (check one box): ☐ New Enrollment ☐ Open/Late Enrollment ☐ Life Event*

Type of Enrollment/Change (check one box): ☐ Add Coverage ☐ Change Coverage ☐ Cancel Coverage

If you checked **Life Event*** please select the type of life event below:

☐ Birth of baby ☐ Adoption ☐ Marriage ☐ Divorce ☐ Other _____

*You must provide date of Life Event _____ and supporting documentation with this form.

Please select the type(s) and amount of coverage:

☐ Dependent Spouse or Domestic Partner (please select coverage amount[1]:): ☐ $50,000 ☐ $100,000

☐ Dependent Child Coverage: $10,000 per enrolled child[2]

New spouse or domestic partner enrollment or change in coverage may require medical evidence of good health.

[1] Newly eligible employees applying for spouse or domestic partner coverage amounts above $50,000, and currently eligible employees adding or enrolling in any level of spouse or domestic partner coverage must complete a Statement of Health form and forward it directly to MetLife. The additional amount of coverage will not become effective until the approval has been received from MetLife. The Statement of Health form is available at the MIT Benefits Office.

[2] Coverage begins at $100 per enrolled child age 15 days to 6 months.

(07/16)

MIT Human Resources

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

MIT DEPENDENT LIFE INSURANCE ENROLLMENT/CHANGE FORM

DEPENDENT INFORMATION FOR ENROLLMENT/CHANGE

To enroll/change Dependent Life Coverage, you must complete the information below for each dependent you want added to or removed from coverage.

Spouse or Domestic Partner Coverage Enrollment/Change

☐ Add ☐ Remove	☐ Spouse ☐ Domestic Partner[3]		
Name of Spouse or Domestic Partner (Last, First, MI):		Birth Date:	Sex (M/F):

Dependent Child Coverage[4] Enrollment/Change

Total Number of Dependent Children named below: (please indicate the coverage change for each named dependent)

☐ Add ☐ Remove	Name of Child (Last, First, MI):	Birth Date:	Sex (M/F):
☐ Add ☐ Remove	Name of Child (Last, First, MI):	Birth Date:	Sex (M/F):
☐ Add ☐ Remove	Name of Child (Last, First, MI):	Birth Date:	Sex (M/F):
☐ Add ☐ Remove	Name of Child (Last, First, MI):	Birth Date:	Sex (M/F):
☐ Add ☐ Remove	Name of Child (Last, First, MI):	Birth Date:	Sex (M/F):
☐ Add ☐ Remove	Name of Child (Last, First, MI):	Birth Date:	Sex (M/F):

Additional Information:

Employee signature **Date**

[3]When you apply for Domestic Partner coverage, you must complete an *Affidavit of Domestic Partnership for Benefits Eligibility* form available from the Benefits web site.

[4] Dependent Child(ren) coverage is available for your unmarried biological children, adopted children and stepchildren from age 15 days up to age 26 regardless of student status. (Your spouse's or domestic partner's biological and/or adopted children are eligible if they meet the age and dependent criteria.) (07/16)

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