



CITY OF MILPITAS BENEFITS ENROLLMENT FORM

Voluntary Life and AD & D

Voluntary Employee Amount \$ _____

Evidence of Insurability is required for any amount exceeding the lesser of \$80,000 or three times your annual salary for employees under age 70.

Voluntary Spouse/Domestic Partner Amount \$ _____

Evidence of Insurability is required for any amounts exceeding \$10,000 for employees under age 60; Guaranty issue not available for employees over age 60.

Voluntary Child Amount \$ _____

Waiving Employee Voluntary Life Coverage

Waiving Spouse/Domestic Partner voluntary Life coverage

Waiving Child Voluntary Coverage

EMPLOYEE: _____ / \$1,000 = _____ x _____ = \$ _____
 Elected Benefit Amount Rate Employee Monthly Cost

SPOUSE/DP: _____ / \$1,000 = _____ x _____ = \$ _____
 Elected Benefit Amount Rate Spouse/Domestic Partner Monthly Cost

Long Term Disability Buy Up Option

10,000 monthly maximum covered salary
60% of monthly earnings up to \$6,000 maximum monthly benefit

_____ / 12 = _____ / 100 = _____ x _____ = \$ _____
 Annual Salary * Monthly Salary Rate per \$100 Employee Monthly Cost

*If monthly salary is greater than \$10,000, use monthly salary as \$10,000

Deduction Authorization

If applicable, I hereby authorize deductions from earnings of sufficient amounts for **ALL** elected coverage to cover my contributions toward benefit plans I have elected until revoked by me. I understand that my pre-tax earnings will be reduced each pay period by the amount of my contributions to coverage I have elected. I further understand that in the event of separation from employment, any portion of premiums not paid will be deducted from my last paycheck. In the event of any difference between any of the benefits listed on this enrollment form and any of the insurance policies offered by the City, I agree to be bound by the insurance policy and not this application.

Employee Signature

Date