

## GROUP LIFE INSURANCE BENEFICIARY DESIGNATION AND PAYROLL AUTHORIZATION FORM

Badge No. \_\_\_\_\_

Applicant	Last Name	First Name	DOB	Gender	Applicant SSN
				<b>MTA</b>	
Home Address		City	State	Zip Code	Employer
					Division

### I HEREBY ENROLL FOR SUPPLEMENTAL LIFE & AD&D GROUP INSURANCE

Date Completed \_\_\_\_\_ Signature of Employee \_\_\_\_\_  
Do Not Print

### SCHEDULE OF ADDITIONAL CONTRIBUTORY VOLUNTARY LIFE INSURANCE

You may select one of the following benefits. Please elect the amount of coverage and monthly deductions.

Name		Guaranteed Issue	Monthly Rate Per \$1,000			
			Age	Rate	Benefit Selected	Premium
MEMBER		\$100,000	< 40	\$0.095		
SPOUSE		\$30,000	40-49	\$0.298		
CHILD(REN)		\$10,000	50-54	\$0.521		
			55-59	\$0.941		
			60-65	\$1.286		

I HEREBY AUTHORIZE METROPOLITAN TRANSIT AUTHORITY (EMPLOYER) TO DEDUCT FROM MY SALARY OR WAGES FROM TIME TO TIME UNTIL FURTHER NOTICE IN WRITING, AMOUNTS EQUAL TO THE CONTRIBUTIONS REQUIRED OF ME FOR THE PAYMENT OF PREMIUMS ON GROUP INSURANCE POLICIES ISSUES TO THE UTU-MTA TRUST FUND.

Date Completed \_\_\_\_\_ Signature of Employee \_\_\_\_\_  
Do Not Print

PLEASE NOTE. Evidence of Insurability is required for additional insurance beyond the guarantee issue or after the initial open enrollment

**UTU-MTA TRUST FUND**  
**15999 Cypress Avenue**  
**Irwindale, CA 91706**  
**(626) 962-1762 - (213) 624-6487 - FAX (626) 962-5166**