

**GROUP LIFE INSURANCE BENEFICIARY DESIGNATION AND PAYROLL AUTHORIZATION FORM**

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

Applicant's Last Name	First Name	DOB	Gender	Applicant SSN
Home Address				City
State		Zip Code	Employer	Division

MTA

**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.

Beneficiary assignment is recorded on the Trust Fund's enrollment card. Please complete an enrollment card along with this application.

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

TOTAL \_\_\_\_\_

*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 ISSUED TO THE SMART-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.

**SMART-MTA TRUST FUND**  
**15999 Cypress Avenue**  
**Irwindale, CA 91706**  
**(626) 962-1762 FAX (626) 962-5166**