

GROUP LIFE INSURANCE BENEFICIARY DESIGNATION AND PAYROLL AUTHORIZATION FORM

Badge No. _____

Applicant's Last Name _____ First Name _____ DOB _____ Gender _____ Applicant SSN _____

MTA _____

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.

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	Benefit Selected
MEMBER SPOUSE CHILD(REN)	< 40	\$100,000	Rate	Premium
	40-49	\$30,000	\$0.095	
	50-54	\$10,000	\$0.298	
	55-59		\$0.521	
	60-65		\$0.941	
			\$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