

CLARK COUNTY EDUCATION ASSOCIATION

MEMBER ACCIDENTAL DEATH & DISMEMBERMENT BUY-UP OPTION ENROLLMENT FORM

MEMBER NAME (Last, First)	MEMBER SSN	MEMBER DOB
	- -	
MEMBER ADDRESS	CITY, ST, ZIP	PHONE

MEMBER EMAIL ADDRESS

MEMBER BUY-UP OPTION:		
MEMBER ANNUAL SALARY	BUY UP AMOUNT - \$10,000 INCREMENTS <small>(Maximum 5 x Annual Salary)</small>	PREMIUM <small>(\$.15 PER \$10,000)</small>
\$	\$	\$

Primary Beneficiary (for member Buy-Up Coverage):

Contingent Beneficiary (for member Buy-Up Coverage):

SPOUSE BUY-UP OPTION *	YES	NO	COVERAGE	PREMIUM
SPOUSE NAME (Last, First)	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	\$1.50 / month
SPOUSE DOB:				

CHILD(REN) BUY-UP OPTION *	YES	NO	COVERAGE	PREMIUM (covers all)
CHILD(REN) NAMES	<input type="checkbox"/>	<input type="checkbox"/>	\$10,000 (each)	\$.28 / month
CHILD DOB:				
CHILD DOB:				
CHILD DOB:				
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CHILD DOB:				
List additional children to be covered on the back of this form				

*** BENEFICIARY FOR SPOUSE AND CHILD(REN) COVERAGE SHALL BE THE MEMBER**

TOTAL MONTHLY PREMIUM	\$
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I hereby authorize deduction of the TOTAL MONTHLY PREMIUM noted above from my payroll. I understand that this coverage will continue until I no longer qualify for coverage or until I submit a cancellation request in writing.

SIGNATURE	DATE
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