



Retiree Basic Life Insurance Form

PLEASE PRINT

Employee I. D. Number				Pension Office				Social Security No.				Sex				
				<input type="checkbox"/> Municipal	<input type="checkbox"/> Fire	<input type="checkbox"/> Police									<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name				First Name				M.I.		Home Phone: ()						
Address						Apt. No.		City				State		Zip Code		
<input type="checkbox"/> Change Beneficiaries				<input type="checkbox"/> I elect basic life insurance coverage for myself. I authorize my Pension System to deduct the monthly premium for the coverage from my pension check. Conversion of the balance of my active coverage is available at my retirement.				<input type="checkbox"/> I <u>decline</u> Basic Life Insurance Coverage. Conversion of my active coverage is available at retirement.								

NAMING THE BENEFICIARY - It is important that you name a primary and contingent beneficiary that are clearly designated so there is no question of your intent. When naming your beneficiary(ies), please indicate their full name, address, contact number, date of birth, relationship, and percentage to each. If you need assistance, contact the Human Resources Department, Benefits Division – Customer Service at 832-393-6000.

PRIMARY BENEFICIARY					
Name	Address	Contact Number	Date of Birth	Relationship	% to Each

CONTINGENT BENEFICIARY					
Name	Address	Contact Number	Date of Birth	Relationship	% of Each

Retiree Signature: _____ Date: _____

Your signature must be notarized if this form is not signed in the presence of a City of Houston Human Resources or Payroll representative.

THE STATE OF TEXAS §
 §
 COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing in strument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____ 20____ A.D.

(SEAL)

Notary Public - Signature

FOR BENEFITS OFFICE USE ONLY			
Retirement Date:	Last Day Paid:	Effective Date:	Premium Amount: