



**MONROE PUBLIC SCHOOLS**  
— MONROE, CONNECTICUT —

## Monroe Board of Education Enrollment Form

Group Life, AD&D and Disability Insurance

*Please return completed form to your Human Resources Department*

### Employer Name

Monroe Board of Education	
<b>Employer Address (City, State, Zip Code)</b>	<b>Coverage Effective Date</b>
375 Monroe Turnpike Monroe, CT 06468	

<b>Employee Name (Last, First, Middle)</b>
<b>Address (City, State, Zip Code)</b>

<b>Social Security Number</b>	<b>DOB: (MM/DD/YY)</b>	<b>Gender</b>	<b>Marital Status</b>
		Male	Single      Divorced
<b>Hire Date (MM/DD/YY)</b>	<b>Annual Salary</b>	Female	Married      Widowed
	\$		

### Coverage Elections

Please indicate your coverage elections below:

<b>Type of Coverage</b>	<b>Selection</b>		<b>Coverage Elected</b>	
Employee LTD (Employer Pd)	Yes	No	Yes	No
Employee BL & AD&D (ER Pd)	Yes	No	Yes	No

### Beneficiary(ies) Designation

Primary Beneficiary	Relationship	SS#	Date of Birth
Primary Beneficiary	Relationship	SS#	Date of Birth
Contingent Beneficiary	Relationship	SS#	Date of Birth
Contingent Beneficiary	Relationship	SS#	Date of Birth

**Employee Signature and Authorization**

\_\_\_\_ ACCEPT: I declare that all information given in this enrollment form is true and complete to the best of my knowledge and belief. I request Coverage under my employer's plan of benefits as indicated above. I authorize my employer to deduct from my earnings my contributions for the coverage(s) selected. I understand that with respect to coverages I have declined, CIGNA has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.

\_\_\_\_DECLINE: I hereby decline all optional coverage as offered by my Employer. I certify that I have been given the opportunity by my Employer to enroll for coverage. I understand that CIGNA has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the Employer's regular place of business.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_