Fairfax County PUBLIC SCHOOLS
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Group Term Life Insurance – Group Policy Number 27515

(for members of the Fairfax County Employees' Retirement System)

Section 1: Your Information - *Please print clearly*

Your Name (Last, First, Middle) _____ Date of Birth _____ Social Security Number* **or** Employee ID Number _____

Your Home Address (street and apt. number) _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ E-mail Address _____

Your Status: ☐ Employee ☐ Retiree ☐ Direct bill participant

Section 2: Why are you submitting this form? *Check the appropriate box(es)*

☐ **I am a new hire, re-hire, or newly-eligible for benefits -** *Also complete Sections 3-5*

☐ **I am requesting to increase my optional coverage during Open Enrollment -** *Indicate your new coverage election in Section 4 and complete Section 5. This option is available only to employees actively at work in a benefits eligible position.*

☐ **I am updating my beneficiaries -** *Also complete Sections 3 and 5*

☐ **I am reducing my optional or dependent coverage -** *Indicate your new coverage election(s) in Section 4 and complete Section 5 (it's recommended you update your beneficiaries if you have not done so already).*

☐ **I am canceling my optional or dependent coverage -** *Indicate your new coverage election(s) in Section 4 and complete Section 5. If you are a retiree, please be aware that by reducing or terminating your life insurance coverage with Fairfax County, you will never be able to re-instate such coverage in the future.*

☐ **I am requesting an increase in optional or dependent coverage due to the qualifying event below:**
This is an option available only to employees actively at work in a benefits eligible position. Indicate your new coverage election in Section 4. You may request an increase in optional coverage within 30 days of the following qualifying events without Evidence of Insurability (EOI). Otherwise, EOI is required (also required for new/increased dependent life coverage).

My status change/qualifying event is: ☐ **Marriage** ☐ **Birth/adoption** ☐ **Other (please describe below)**

Date status change/qualifying event occurred: _____ _____

Section 3: Beneficiary Designation - *You may update your beneficiaries at any time*

Primary Beneficiary(ies) - All of my death benefit shall be payable in equal shares (unless otherwise specified) to the following persons. **Must total 100%.**

BENEFICIARY NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE (1-100%)
			All primary beneficiaries' shares must total 100%

Contingent Beneficiary(ies) - If none of the persons named as Primary Beneficiaries survives me, all of my death benefit shall be payable in equal shares (unless otherwise specified) to the following persons. **Must total 100%.**

BENEFICIARY NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE (1-100%)
			All contingent beneficiaries' shares must total 100%

*Providing your Social Security number (SSN) is optional. Failure to provide it may result in processing delays or errors, but will not result in a denial of benefits. The full text of the FCPS SSN privacy notice can be found on the FCPS website at www.fcps.edu.

Section 4: Coverage Election - *Please select*

Basic Coverage - *This option is mandatory and automatic for employees covered by FCERS and retirees who were eligible and elected to continue coverage into retirement.*

☑ **Basic employer-paid coverage of 1 times salary**

Optional Employee Coverage – *Coverage is paid for in full by the employee.*
New employees: Check the appropriate box.
Employees Changing Coverage: Check the new election you are making. If you are requesting an increase in coverage outside of open enrollment, you must submit the Evidence of Insurability (EOI) to Securian Financial. You can find the form at www.fcps.edu, search "Benefit forms".

☐ **Decline optional coverage**

☐ **Optional coverage of 1 times salary**

☐ **Optional coverage of 2 times salary**

Dependent Coverage – *Additional coverage for your spouse and/or dependent children. Coverage is paid for in full by the employee.*
Please note: If your spouse/child is eligible for FCERS coverage, they cannot be covered as a dependent.

New employees: Check the appropriate box and complete the table below.
Employees Changing Coverage: Check the new election you are making.

☐ **Decline dependent coverage**

☐ **Low Option** *(Spouse coverage $5,000/Child coverage $2,000 (child: age 10 days to 21 years, or 25 if a full-time student at an accredited post-secondary school).*

☐ **High Option** *(Spouse coverage $10,000/Child coverage $5,000 (child: age 10 days to 21 years, or 25 if a full-time student at an accredited post-secondary school). If I have elected dependent coverage, I understand I am responsible for notifying the Office of Benefit Services when I no longer have dependents that qualify for coverage under the plan.*

NAME	DATE OF BIRTH	RELATIONSHIP
		Spouse
		Child
		Child
		Child

Section 5: Acceptance

I understand that my coverage is subject to the provisions of the policy between FCPS and Securian Financial, including underwriting guidelines of the plan. Any guaranteed insurance will be effective only if this application is dated prior to the end of the enrollment period. I authorize payroll deductions to be made as required for the coverage elected above. If I have elected dependent coverage, I understand I am responsible for notifying the Office of Benefit Services when I no longer have dependents that qualify for coverage under the plan.

Signature: _____ **Date:** _____

When complete*:

Scan and e-mail form to:	HRConnection@fcps.edu
Or fax to:	Office of Benefits Services at 571-423-5013
Or mail to:	Department of Human Resources Office of Benefit Services, Suite 2700 8115 Gatehouse Road Falls Church, VA 22042

*Newly hired employees may also upload this form during the benefits portion of Onboarding.

If you fax your form, remember to **keep a copy for your records** as well as a copy of your fax machine's transmission report as documentation that we received the form by the deadline. Forms that are received after applicable deadlines cannot be accepted. You are encouraged to log onto UConnect three business days after successfully sending your completed paperwork to the Office of Benefits Services to verify your request was processed.

Questions?

Contact the HR Client Service Center at 571-423-3000 or 1-800-831-4331 or go to http://hrconnection.fcps.edu.