City of Newport News
Employees' Retirement and Benefits Office
2400 Washington Avenue
Newport News, VA 23607

Insurance Enrollment & Beneficiary Designation Form

Reset Form

☐ New Enrollment ☐ Benefit Option Change ☐ Change of Beneficiary

Employee Name:	
Employees Date of Birth:	
SSN:	
Address:	
Occupation:	
Work Telephone: Home Telephone:	

I elect the following Life Insurance Coverage (check box to mark your selection):

Basic Life:	☒ 1 X Basic Annual Earnings	Date of Employment:
Supplemental Life:	☐ ½ X ☐ 1 X ☐ 2 X or ☐ 3 X Basic Annual Earnings	Spouse's Name: Spouse's Social Security #:
Dependent Life: (Spouses Only):	☐ $10,000 or ☐ $20,000	Spouse's Date of Birth:

I decline optional coverage: _____ _____
Signature Date

Primary Beneficiary:

Name:	Address:	Phone Number:	Relationship:	%

Contingent Beneficiary:

Name:	Address:	Phone Number:	Relationship:	%

If contributions are required under this plan, I authorize my employer to deduct from my earnings, until further notice, my contributions for this insurance.

_____ _____
Signature Date