



Employee Benefits Office
Dave Comerchero,
Employee Benefits Manager

County of Sacramento

**2021 SPECIAL DISTRICT
VOYA SPECIAL ENROLLMENT LIFE INSURANCE FORM**

Last Name _____ **First Name** _____ **SSN:** _____

Phone _____ **Email:** _____ **District Name** SETA

Check all that apply:

<input type="checkbox"/> Increase Coverage	<input type="checkbox"/> Dependent Enrollment	<input type="checkbox"/> Decrease Optional Coverage	<input type="checkbox"/> Waive All Optional Coverage
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Employee Coverage Elections:

<input type="checkbox"/> Option 1A (1X salary Less Basic Life Cap at \$50K)	<input type="checkbox"/> Option 1 (1X salary up to \$600K) Includes Basic Life	<input type="checkbox"/> Option 2 (2X Salary up to \$600K) Includes Basic Life	<input type="checkbox"/> Option 3 (3X Salary up to \$600K) Includes Basic Life
<input type="checkbox"/> Option 4 (4X Salary up to \$600K) Includes Basic Life	<input type="checkbox"/> Option 5 (5X Salary up to \$600K) Includes Basic Life	<input type="checkbox"/> Option 6 (6X Salary up to \$1Million) Includes Basic Life (Medical Underwriting is required)	<input type="checkbox"/> Option 7 (7X Salary up to \$1Million) Includes Basic Life (Medical Underwriting is required)

Spouse Coverage Elections: Choose Basic and/or Optional Coverage. Optional amount from \$10,000 up to \$250,000 in multiples of \$10,000.	Basic	Optional
	\$5,000	Amount
SP/DP Last Name First Name SSN Birthdate	<input type="checkbox"/>	<input type="checkbox"/> \$

Child Coverage Elections -Choose Basic and/or Optional coverage.	Basic	Optional
	\$5,000	\$15,000
Child(ren) Last Name First Name SSN Birthdate	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

I authorize my employer to deduct from my wages the premium, if any, for the elected coverage. To the best of my knowledge and belief, the information I have provided on this form is correct. I understand my coverage begins on the effective date assigned, provided I am actively at work.

Employee Signature _____ **Date** _____