VOLUNTARY GROUP TERM LIFE	INSURANCE ENROLLMENT FORM
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Select One: 🛛 \$50,000	□ \$100,000	□ Other:				
Effective Date: Date you became a				n MTA Member:		
Member Name:				Sex: Date of Birth:		
Address:						
Annual Salary:				Member Smoke	r 🗆 YES 🗳 NO	
□ <i>Yes</i> , please cover my spouse for 50% of my coverage, to a maximum of \$50,000.				Spouse Smoker	□ YES □ NO	
□ I decline to cover my spor	1se.					
Spouse's Name:				Sex: DOI	3:	
Yes, I elect coverage for my dependent children. Number of eligible dependents:				□ I decline to cover my dependent children.		
Name of Your Beneficiary(ies	s) for Life Benefits: (Tot	tal Percentage of Benefi	t must equal 100%) Lis	t Additional Beneficiar	ies on separate sheet.	
Primary Beneficiary(ies):	Residential Address	Date of Birth	Social Security #	Tel. #	Relationship % of Benefit	
Contingent Beneficiary(ies):	Residential Address	Date of Birth	Social Security #	Tel. #	Relationship % of Benefit	

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary. If an insured spouse or dependent dies, we will pay the proceeds to you.

- PLEASE ENCLOSE A BLANK VOIDED CHECK OR SAVINGS DEPOSIT SLIP -

AUTHORIZATION AGREEMENT FOR MONTHLY ELECTRONIC FUNDS TRANSFER: I hereby authorize Boston Mutual Life Insurance Company to initiate debit entries to my account indicated below and the Financial Institution named below to debit the same to such account.

Name of Financial Institution: Transit/Routing #:

Name(s) as shown on the account:

Account #: Checking OR 🛛 Savings - SIGNATURE REQUIRED -I am applying for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the Group Policy. I authorize deductions from my account of the required premium cost. I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company. Signature of Member: Date:

BOSTON MUTUAL LIFE INSURANCE COMPANY - 120 ROYALL STREET · CANTON, MA 02021 · 1.800.669.2668 · www.bostonmutual.com