

BENEFICIARY (IES)

*Per pension rules, a spouse must be listed as your pension beneficiary.
 The following is for all coverages you elect, unless otherwise noted in the comment section.

Name		Relationship		%	
Street Address	City, State Zip				
Name		Relationship		%	
Street Address	City, State Zip				
Name		Relationship		%	
Street Address	City, State Zip				
Name		Relationship		%	
Street Address	City, State Zip				

Comments:

AGREEMENT

1. You are enrolled in the Douglas County Employee Retirement Plan and deductions will be take based on plan rules.
2. By submitting this application, you authorize Douglas County to enroll your benefits and deduct premiums according to the information you have supplied. Changes to pre-tax benefits may only occur within 31 days of a qualifying event with proper documentation. If you no longer meet eligibility requirements, your insurance elections will be cancelled.
3. I hereby apply for the insurance for which I am now or may become eligible under the group policy or policies issued to the policyholder and hereby authorize the deduction from my earnings of the required contribution, if any, toward the cost of such insurance. This authorization may be revoked by me at anytime by written notice to the policyholder. If my employment is terminated, on re-employment no insurance will become effective until I again apply for insurance in accordance with the terms of the group policy.

SIGNATURE

Signature		Date	
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