



# Patrolmen's Benevolent Association of the City of New York

125 Broad Street – 11<sup>th</sup> Floor, New York, NY 10004

212-349-7560 [www.nycpba.org](http://www.nycpba.org)

## Dependent Life Insurance Enrollment Form

SECTION I - MEMBER INFORMATION						
Social Security Number		Last Name		First Name		Middle Initial
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Domestic Partner		Date of Birth (MM/DD/YYYY) / /		Tax Registry No.	
Home Address Line 1		Home Address Line 2		City	State	Zip Code
E-mail Address			Home Telephone Number		Mobile Telephone Number	

Section II - DEPENDENT LIFE INSURANCE
<p>Dependent Life Insurance (DLI) pays a benefit to you in the event of the death of one of your dependents (\$12,000 for a spouse/domestic partner or \$3,000 for a dependent child.) If you elect DLI, your premium of 47 cents (\$0.47) will be deducted from your bi-weekly paycheck regardless of the number of dependents covered. Please select one option below. DLI must be elected within 31 days of the later of (1) your appointment date, or (2) when your dependent is acquired (marriage, birth, etc.). If this deadline passes, you must provide evidence of good health (as required by the insurance carrier, Aetna) for any dependents acquired more than 31 days prior to electing DLI. If you have already elected DLI for existing dependents, new dependents are automatically covered. If you are unsure whether you have already elected DLI, please contact the PBA Funds Office at the telephone number above. Dependent children can be covered under DLI until age 19 (25 if enrolled as a full-time student). Please note that DLI eligibility rules for dependent children are different from those for the Health and Welfare and Retiree Health and Welfare Funds.</p>
<p>Please select one of the following options:</p> <p><input type="checkbox"/> I have eligible dependents and elect to enroll in Dependent Life Insurance.</p> <p><input type="checkbox"/> I do not have eligible dependents or decline to elect Dependent Life Insurance.</p>
<p><b>Signature</b></p> <p>I certify that the information in sections I and II above is correct.</p> <p>Member's Signature: _____ Date: _____</p>