

WSRC Contributory Group Life Insurance Application and Deduction Authorization

Information About You Please print all information using black ink. Do not erase or make any corrections, use a new form.		
Name (Last, First, MI)	Social Security No.	SRS Hire Date
Company <input type="radio"/> WSRC <input type="radio"/> BSRI <input type="radio"/> BNFL <input type="radio"/> BWXT <input type="radio"/> CH2	Position <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Pensioner	
Change Name From (Full Former Name)	Site Location	Site Telephone No.
<p>1. Non-Contributory Life Insurance You are automatically covered for one times (1X) your life insurance pay - unless you are a Du Pont Retiree-Rehire or receiving Du Pont Extended Benefits.</p> <p>2. Non-Contributory Occupational Accidental Death You are automatically covered for three times (3X) your life insurance pay.</p> <p>3. Contributory Life Insurance (Complete OSR 5-334, Statement of Physical Condition) For rates see Employee Benefit Handbook.</p> <p><input type="radio"/> 1X Life Insurance Pay</p> <p><input type="radio"/> 2X Life Insurance Pay</p> <p><input type="radio"/> 3X Life Insurance Pay</p> <p><input type="radio"/> I Do Not Wish to Enroll</p> <p><input type="radio"/> Cancel my Contributory Life Insurance</p>		
<p>4A. Contributory Accidental Death and Dismemberment-Employee Option</p> <p><input type="radio"/> \$ _____ (Elect any amount from \$10,000 to \$300,000 in increments of \$10,000.)</p> <p><input type="radio"/> I Do Not Wish to Enroll</p> <p><input type="radio"/> Cancel my Employee Accidental Death and Dismemberment</p>		
<p>4B. Contributory Accidental Death and Dismemberment-Family Option You may elect any amount from \$10,000 for your spouse and \$2,000 for each of your children (1 Unit) up to \$100,000 for your spouse and \$20,000 for each child (10 Units).</p> <p><input type="radio"/> 1 Unit (\$10,000 Spouse/\$2,000 Each Child) <input type="radio"/> 7 Units (\$70,000 Spouse/\$14,000 Each Child)</p> <p><input type="radio"/> 2 Units (\$20,000 Spouse/\$4,000 Each Child) <input type="radio"/> 8 Units (\$80,000 Spouse/\$16,000 Each Child)</p> <p><input type="radio"/> 3 Units (\$30,000 Spouse/\$6,000 Each Child) <input type="radio"/> 9 Units (\$90,000 Spouse/\$18,000 Each Child)</p> <p><input type="radio"/> 4 Units (\$40,000 Spouse/\$8,000 Each Child) <input type="radio"/> 10 Units (\$100,000 Spouse/\$20,000 Each Child)</p> <p><input type="radio"/> 5 Units (\$50,000 Spouse/\$10,000 Each Child) <input type="radio"/> I Do Not Wish to Enroll</p> <p><input type="radio"/> 6 Units (\$60,000 Spouse/\$12,000 Each Child) <input type="radio"/> Cancel my Family Accidental Death and Dismemberment</p>		
<p>5. Contributory Dependent Life Insurance (Complete OSR 5-334, Statement of Physical Condition)</p> <p><input type="radio"/> \$5,000 Spouse/\$1,000 Each Child</p> <p><input type="radio"/> \$10,000 Spouse/\$2,000 Each Child</p> <p><input type="radio"/> I Do Not Wish to Enroll</p> <p><input type="radio"/> Cancel my Dependent Life Insurance</p> <p style="text-align: right;">If enrollment is due to marriage, Date of Marriage _____</p>		
<p>I hereby apply for Contributory Group Life and Accident Insurance in the amounts checked above under the Westinghouse Savannah River Company/Bechtel Savannah River, Inc. Plan(s) and authorize the deduction of the premiums charged under the plan(s) from my wages, salary, or pension.</p>		
Employee Signature	For Company Use Only	
	Received By	Date Received
Date	Processed By	Date Processed