



NEW EMPLOYEE RECORD

MEMBER: Complete Sections A through D, attach copy of Social Security card and proof-of-age document in Section E, and return form to your payroll/personnel representative.

PAYROLL/PERSONNEL: Complete Section F and return the completed 4-page form to Human Resources.

SECTION A
PERSONAL INFORMATION

NAME	Johnson		David	
	LAST	FIRST	MIDDLE	
ADDRESS	723 Main Street			
	NO.	STREET	APT. NO.	
	Jefferson City		65101	
	CITY	STATE	ZIP	
TELEPHONE	(555) 555-1111			
	HOME	WORK		
E-MAIL	david.johnson@globalcorp.mer			
SOCIAL SECURITY NUMBER		111-11-1111		
		DATE OF BIRTH April 1, 1968		
		MM/DD/YY		
GENDER: MALE <input checked="" type="radio"/> FEMALE <input type="radio"/>		MARITAL STATUS: SINGLE <input type="radio"/> MARRIED <input checked="" type="radio"/>		
DO YOU HAVE ANY OF THE FOLLOWING PRIOR SERVICE CREDIT? PLEASE CHECK ALL THAT APPLY:				
<input checked="" type="checkbox"/> Active Duty Military <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Circuit Clerk <input type="checkbox"/> MoDOT/Patrol				
<input type="checkbox"/> PSRS <input type="checkbox"/> LAGERS <input type="checkbox"/> Other Public Employment				

SECTION B
OPTIONAL LIFE INSURANCE
COVERAGE ELECTION

Additional life insurance coverage is available to you and your family. The premium(s) will be deducted from your pay check. You will have 31 days from your date of hire to elect optional life insurance coverage.

☐ NO ADDITIONAL COVERAGE: I Do Not Wish To Participate In The Optional Life Insurance Plan At This Time.

- As a state employee, I automatically receive basic life insurance coverage equal to one times my annual salary (minimum \$15,000) at no cost.

☒ ADDITIONAL COVERAGE FOR YOURSELF: I elect a flat amount of \$ 200,000

- Amount in multiples of \$10,000—cannot exceed 6 times your annual salary or \$800,000.

☒ COVERAGE FOR YOUR SPOUSE: I elect a flat amount of \$ 100,000

- Amount in multiples of \$10,000—cannot exceed the lesser of your optional life insurance amount or \$100,000.
- If the amount is over \$10,000, please complete and submit a Medical History Statement.
- The premium is based on your age, not your spouse's age. You are automatically the beneficiary.

☒ COVERAGE FOR YOUR CHILD(REN): I elect child(ren) coverage.

- The coverage amount is \$10,000 per eligible child.
- The premium is \$2 per month, regardless of the number of children. You are automatically the beneficiary.

If you elect spouse or child(ren) coverage, please provide the following information for those covered.

SOCIAL SECURITY NUMBER	NAME	RELATIONSHIP (SPOUSE OR CHILD)	DATE OF MARRIAGE	DATE OF BIRTH
222-22-2222	Janet Johnson	Spouse	11/09/85	04/06/69
333-33-3333	Michael Johnson	Child		02/12/00
444-44-4444	Melody Johnson	Child		07/10/01

SECTION C

BASIC AND OPTIONAL LIFE
INSURANCE BENEFICIARIES

PRIMARY BENEFICIARIES: [primary designation(s) will be listed on your Annual Benefit Statement]

Your primary beneficiary(ies) will be recognized first as eligible to receive your life insurance proceeds.

SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY	RELATIONSHIP	DATE OF BIRTH	AMOUNT OF PROCEEDS TO THIS BENEFICIARY	MAILING ADDRESS
222-22-2222	Janet Johnson	Spouse	04/06/69	100%	723 Main Street, Jefferson

CONTINGENT BENEFICIARIES:

Your contingent beneficiary(ies) will receive proceeds from your life insurance only if the primary beneficiaries do not survive you.

SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY	RELATIONSHIP	DATE OF BIRTH	AMOUNT OF PROCEEDS TO THIS BENEFICIARY	MAILING ADDRESS

SECTION D

MEMBER SIGNATURE

I hereby certify that all information on this form is true and correct.

LIFE INSURANCE BENEFICIARIES:

I hereby designate the beneficiaries listed above to receive proceeds from the life insurance plan(s). I understand this form must be signed and dated by me and delivered to the office during my lifetime. My beneficiary designation will take effect on the date this completed form is received.

DEPENDENT LIFE INSURANCE PREMIUMS:

I hereby authorize the selections made and the deductions necessary to pay for the coverage(s) elected and certify the aforementioned named are my spouse and dependent child(ren). I understand that all elections will be effective in accordance with the terms of the group member policy and amendments thereto. Coverage that does not require proof of insurability is effective the date the form is signed.

MEMBER SIGNATURE



DATE June 4, 2008

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

- PAYROLL/PERSONNEL**
1. Verify that member has completed Sections A-D and attached a legible copy of social security card AND proof-of-age document in Section E.
 2. Complete Section F and return the completed 4-page form to MOSERS.

SSN 111-11-1111

MEMBER NAME David Johnson

SECTION E

PAYROLL/PERSONNEL
INFORMATION

DATE OF EMPLOYMENT	MONTHLY SALARY	DEPARTMENT NUMBER	AGENCY/ DIVISION NUMBER	ORGANIZATION/ SECTION NUMBER
03/04/08	\$3000	1234	567	A89

PROOF-OF-AGE AND SOCIAL SECURITY (COPIES ATTACHED)

Make sure a legible copy of one proof-of-age document and the employee's social security card are attached to the front of this form.
Please DO NOT send originals.

PROOF-OF-AGE: ☒ Valid Missouri Driver's License ☐ Birth Certificate ☒ Military Dd214 ☐ Passport
SOCIAL SECURITY: ☐ Copy of Social Security Card Attached

MEMBER CLASSIFICATION

REGULAR STATE (REG)

- ☒ RS - Regular State Employee
☐ CT - Contract Position (Teachers)
☐ WU - Uniformed Member of the Water Patrol
☐ KS - Part-Time Employee of the
General Assembly; Legislative Clerk
☐ CS - Department of Conservation

JUDGE (JDG)

- ☐ JS1 - Chief Justice of the Supreme Court
☐ JS2 - Justice of the Supreme Court
☐ JS3 - Appellate Court Judge
☐ JS4 - Circuit Court Judge
☐ JS5 - Associate Circuit Court Judge
1st, 2nd, & 3rd Class County, Juvenile Commissioner

LEGISLATOR (LEG)

☐ LS - Legislator

ADMINISTRATIVE LAW JUDGE (ALJ)

☐ AS - Administrative Law Judge

ELECTED OFFICIAL (REG)

☐ ES - Elected State Official

OPTIONAL LIFE INSURANCE CALCULATIONS AND DEDUCTIONS

	COVERAGE AMOUNT (INCREMENTS OF \$10,000)	X	RATE PER THOUSAND (USE MEMBER'S AGE BRACKET)	=	AMOUNT OF MONTHLY PAYROLL DEDUCTION
MEMBER	\$20,000	X	\$11.00	=	\$220.00
SPOUSE	\$20,000	X	\$13.00	=	\$260
CHILD	\$10,000	@	\$2.00 PER MONTH	=	\$50

PAYROLL/PERSONNEL SIGNATURE:

SIGNATURE  DATE June 9, 2008

E-MAIL eb@globalcorp.mer PHONE NUMBER (555) 555-1212