



COASTAL TRANSPORT CO., INC.

1603 Ackerman Road · San Antonio, TX 78219
(210) 661-4287 · (800) 523-8612

REQUESTED DATE OF
BENEFICIARY CHANGE:

METLIFE VOLUNTARY LIFE BENEFICIARY CHANGE FORM

EMPLOYEE INFORMATION

EMPLOYEE NAME – LAST	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
EMPLOYER	GROUP NO. /ACCOUNT NO.		LOCATION
COASTAL TRANSPORT CO., INC.	142791		

BENEFICIARY DESIGNATION

(Employee: Must Completed if you have applied for life or AD&D insurance) If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100% (Employee is the beneficiary of proceeds from spouse or child coverage.)

BENEFICIARY - FIRST, MIDDLE INITIAL, LAST NAME	RELATIONSHIP TO EMPLOYEE	BENEFICIARY PHONE NUMBER	BENEFIT %
Primary 1			
Primary 2			
Contingent 1			
Contingent 2			

SIGNATURE

I HEREBY REQUEST TO BE INSURED AND AUTHORIZE DEDUCTIONS, IF ANY, FROM MY COMPENSATION FOR MY SHARE OF THE COST OF THE BENEFITS TO WHICH I MAY BE ENTITLED UNDER THE GROUP POLICY(IES) ISSUED TO THE EMPLOYER LISTED ABOVE. I UNDERSTAND THAT IF I AM NOT ACTIVELY AT WORK ON THE EFFECTIVE DATE OF MY COVERAGE, MY INSURANCE WILL NOT BEGIN UNTIL THE DAY I RETURN TO WORK. FOR THOSE COVERAGES I HAVE DECLINED, I UNDERSTAND THAT IF I CHOOSE TO ENROLL AT A LATER DATE, MY COST MAY BE HIGHER AND A MEDICAL EVIDENCE OF INSURABILITY MAY BE REQUIRED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (not enforceable in OR or VA)

EMPLOYEE SIGNATURE _____ DATE ____/____/____