Group Life Insurance Enrollment Worksheet Self-administered

RETIREES (PRIOR TO 2/1/2026) BASIC ONLY

Rhode Island Interlocal Risk Management Trust (RIIRMT) LIFE POLICY NUMBER: 8511750

MEMBER NAME: East Greenwich School Department Return completed & signed form to your Benefits Office.

A. EMPLOYEE INFORMATION

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Date of Birth (Month, Day, Year)	Social Security Number	**Date of employment**	Gender □ Male □ Female

B. LIFE INSURANCE

Basic Life Amount: $ _____	**Effective Date of Coverage:**	**Date of Retirement: _____**
20K, 30K, 40K, 60K, 90K	**02/01/2026**	**Retired Class: 50F_**

C. BENEFICIARY

PRIMARY BENEFICIARY(IES) – The person or persons named will receive the benefit.

Beneficiary Full Name/Trust	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary Full Name/Trust	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary Full Name/Trust	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

Total Primary Share Must Equal 100%

CONTINGENT BENEFICIARY(IES) – Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary Full Name/Trust	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary Full Name/Trust	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary Full Name/Trust	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

Total Contingent Share Must Equal 100%

D. AUTHORIZATION

I authorize my employer to make these change(s). This beneficiary form revokes all prior designations.

Insured's Signature	Telephone Number		**Date Signed**