

# LRP Hotels VOLUNTARY BENEFITS ELECTION FORM

Name: Last \_\_\_\_\_, First \_\_\_\_\_, Middle \_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Gender: Male / Female

Spouse: Last \_\_\_\_\_, First \_\_\_\_\_, Middle \_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Dependents (Circle One) Yes / No: \_\_\_\_\_ State of Birth \_\_\_\_\_

Child Name	Date of Birth		Child Name	Date of Birth		Child Name	Date of Birth

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

LRP Hotels will pay on behalf of each participating employee:  
**\$15 monthly (\$6.92 bi-weekly)**

						Deduction
<b>Hospital Indemnity</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
<b>Accident</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
<b>Critical Illness</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
<b>Life</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
				<b>LRP Contribution</b>		- \$6.92
				Deduction Balance		

This document is for payroll deduction only. A separate application must be completed by the insurance company.

Signature \_\_\_\_\_ Date \_\_\_\_\_