

ST. MARIES SCHOOL DISTRICT #41

Generic Supplemental Life Insurance Enrollment Form

Name:	Annual Salary:
Title:	Date of Birth: Age: _____
Date of Hire:	Effective Date:

Supplemental Life Insurance - Employee

You have the opportunity to enroll in St. Maries School District #41 Supplemental Life Insurance plan. Your election may be made in increments of \$10,000, not to exceed 3 times your salary or \$300,000, **whichever is less**. If you elect an amount that exceeds the guaranteed issue amount of \$100,000, you will need to provide evidence of good health that is satisfactory to United Heritage Life before the excess can become effective. Monthly costs, based on your age, are shown below.*

*Use the rate chart and calculation line below to determine your monthly cost for this coverage

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
Rate	\$0.050	\$0.060	\$0.080	\$0.130	\$0.230	\$0.360	\$0.610	\$0.660	\$1.160

I elect to **enroll** in the Supplemental Life plan for \$ _____ at a Monthly cost of \$ _____.*

Employee Life Amount

$$\frac{\text{Elected Benefit Amount}}{\$1,000} = \text{Rate Above} \times \text{Rate Above} = \$ \text{Your monthly Cost*}$$

I elect to **decline** the Supplemental Life plan.

Supplemental Life Insurance - Spouse

If you elect the Supplemental Life plan for yourself, you may elect Supplemental Life coverage for your Spouse. Your election may be made in increments of \$5,000 to a maximum of \$150,000 but may not exceed 50% of your approved election. If you elect an amount that exceeds the guaranteed issue amount of \$25,000, your spouse will need to provide evidence of good health that is satisfactory to United Heritage Life before the excess can become effective. **Supplemental Spouse rates and premiums are based on the employee's age, not the Spouse's age.**

Use the rate chart from above and calculation line below to determine your monthly cost for this coverage.*

I elect to **enroll** in the Supplemental Life plan for \$ _____ at a Monthly cost of \$ _____.*

Spouse Life Amount

I elect to **decline** the Supplemental Life plan for my Spouse.

SPOUSE:

First Name	Last Name	Gender	Date of Marriage	Date of Birth



Supplemental Life Insurance - Child(ren)

If you elect the Supplemental Life plan for yourself, you may elect Supplemental Life coverage for your Dependent Child(ren) between the ages of 6 months and 19 years (25 years if a full time student). You may elect in increments of \$2,000 to a maximum of \$10,000 at the Monthly cost below. Children from 2 weeks to 6 months are limited to coverage in the amount of \$1,000.

Use the rate chart and calculation line to determine your Monthly cost for this coverage.

Child Life Amount	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
Cost per Unit*	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00

I elect to **enroll** my dependent child(ren) in the Supplemental Life plan for \$ _____ at the Monthly cost above.

I elect to **decline** the Supplemental Life plan for my dependent child(ren).

***Unit refers to all children eligible for coverage**

CHILD:

First Name	Last Name	Gender	Date of Birth

Beneficiary Designation

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your benefits administrator or your own legal counsel. Following are examples of the most common designations:

Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

Contingent:

- Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares (50%).
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

	Full Name	Address	SSN	Relationship	D.O.B.	%
Primary						
Contingent						

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request.

Employee Confirmation

I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis. I am not now disabled and I am performing all the duties of my occupation on a full-time basis.

I am aware that if I pass on this Supplemental Life coverage during my open enrollment, I will not be given another opportunity to enroll - guarantee issue. Future requests for coverage will be subject to approval of evidence of insurability.

Signature: _____ **Date:** _____

