



VOLUNTARY LIFE INSURANCE, SHORT-TERM DISABILITY & LONG-TERM DISABILITY GROUP ENROLLMENT APPLICATION

Colorado Springs School District 11- Group Policy # 235819

- NEW ENROLLMENT CHANGE ENROLLMENT
 CHANGE BENEFICIARY REASON FOR ENROLLMENT CHANGE: _____

EMPLOYEE INFORMATION

LAST NAME		FIRST NAME		M. I.	SS#	DATE OF BIRTH	EMPLOYEE ID #
STREET ADDRESS				CITY	STATE	ZIP	PHONE #
MARITAL STATUS	EFF. DATE OF COVERAGE	GENDER M F	DATE OF HIRE	JOB TITLE		BLDG. OR DEPT NAME	
EMPLOYEE STATUS <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		ANNUAL SALARY		CURRENT ACTIVE EMPLOYMENT TYPE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ # OF HOURS PER WEEK			

INSTRUCTIONS FOR COMPLETING YOUR VOLUNTARY ENROLLMENT APPLICATION:

- Please refer to your Benefits Desk Reference Guide located in your benefits packet for detailed information on the Voluntary Life Insurance, Short-Term Disability and Long-Term Disability plans.
- Voluntary Life and AD&D Insurance-** You can elect up to 5 times your annual salary, up to \$500,000 for yourself, up to 50% of your election up to \$150,000 for your spouse and \$10,000 for each child up to age 26. You can elect up to \$100,000 for yourself and \$25,000 for your spouse during your initial enrollment period without answering any health questions. You must elect coverage for yourself in order to elect coverage for your spouse and child(ren). This coverage is paid at 100% by the employee.
- Short-Term Disability-** this benefit will pay you up to 11 weeks at up to 60% of your salary if you are out of work due to an illness, injury or having a baby. You chose the amount you will need. This is paid at 100% by the employee. Employees must use all available sick time prior to benefit being paid.
- Long-Term Disability-** This benefit will pay you up to Social Security Retirement age at up to 60% of your salary if you are out of work due to an injury or illness. This is paid at 100% by the employee. Employees must use all available sick time prior to benefit being paid.
- If the employee elects **over** \$100,000 in Voluntary Life Insurance for themselves and **over** \$25,000 in Voluntary Life Insurance for their spouse, the employee must complete the Evidence of Insurability Application Online. Please refer to page 4 of this enrollment form for instructions.
- The only times you can make changes to your coverage throughout the year is during open enrollment or with a qualifying event. Please refer to page 5 of the Benefits Desk Reference Guide for the definition of a qualifying event.
- Pre-existing conditions will apply to the Short-Term and Long-Term Disability coverage. A Pre-Existing Condition means any Injury or Sickness for which you have received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines within 3 months of the date your insurance becomes effective. Please refer to the plan document, which can be found on www.d11.org/risk

VOLUNTARY LIFE INSURANCE AND AD&D

	<u>ELECT LIFE COVERAGE</u>	<u>DECLINE LIFE COVERAGE</u>	<u>Coverage Amount</u> <u>Elected</u>	<u>Monthly Cost</u>
<u>Employee Coverage</u>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<u>Spouse Coverage**</u>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<u>Child(ren) Coverage**</u>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 10,000	\$2.66

** Spouse and Child(ren) may only be covered if the employee elects coverage. The employee cannot elect more than 50% of their amount of Voluntary insurance for their spouse and child(ren).

HOW TO CALCULATE MONTHLY COST FOR EMPLOYEE AND SPOUSE COVERAGE:

Step 1: How much voluntary life insurance are you electing? \$ _____

Step 2: amount of coverage elected divided by 1000= \$ _____

Step 3: Multiply the total from step 2 by the age band (shown in the chart to the right)=
\$ _____ (this is your monthly cost).

Step 4: Enter the amount of coverage elected and monthly cost in the boxes above.

Step 5: Follow Steps 1-4 for spouse coverage.

AGE BAND	MONTHLY RATE (INCLUDES AD&D)
UNDER AGE 20	\$.067
21-24	\$.067
25-29	\$.075
30-34	\$.092
35-39	\$.100
40-44	\$.108
45-49	\$.150
50-54	\$.217
55-59	\$.384
60-64	\$.576
65-69	\$1.085
70+	\$1.744

BENEFICIARY INFORMATION

Please check here if you would like to select the same beneficiary(ies) for Voluntary Life as you selected for your Basic Life.

PRIMARY BENEFICIARY(IES)			Percent Share of Proceeds
1. Name (First, M.I., Last)	Relationship to Employee	Social Security Number	%
Address		Phone Number	Date of Birth
2. Name (First, M.I., Last)	Relationship to Employee	Social Security Number	%
Address		Phone Number	Date of Birth
SECONDARY BENEFICIARY(IES)			Percent Share of Proceeds
1. Name (First, M.I., Last)	Relationship to Employee	Social Security Number	%
Address		Phone Number	Date of Birth
2. Name (First, M.I., Last)	Relationship to Employee	Social Security Number	%
Address		Phone Number	Date of Birth

DEPENDENT INFORMATION

Please complete this section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

Relationship	Full Legal Name (First, MI, Last)	Gender	Social Security Number	Date of Birth	Check box if coverage elected
Spouse/ Partner					<input type="checkbox"/>
Child					<input type="checkbox"/>
Child					<input type="checkbox"/>
Child					<input type="checkbox"/>
Child					<input type="checkbox"/>

SHORT-TERM DISABILITY (STD)

	<u>ELECT STD COVERAGE</u>	<u>DECLINE STD COVERAGE</u>	<u>Weekly Coverage Amount Elected*</u>	<u>Monthly Cost</u>
<u>SHORT-TERM DISABILITY</u>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

HOW TO CALCULATE EMPLOYEE COVERAGE:

STEP 1: Annual Salary \$ _____ divided by 52 = \$ _____

STEP 2: Amount from Step 1 multiplied by .60 = \$ _____ (round down to the nearest \$50 increment. This is your maximum weekly benefit allowed)

STEP 3: Elect the weekly amount you would like to be paid while you are out on Short-Term Disability. The amount can range from \$50 per week up to your maximum benefits amount from step 2. \$ _____

STEP 4: Your elected amount to be paid weekly \$ _____ divided by 10 = \$ _____

STEP 5: Amount from Step 4 multiplied by your Age Band (see age bands in the chart to the right) = \$ _____. This is your cost per month

Step 6: Enter the weekly coverage amount (step 4) and your cost per month (step 5) in the boxes above.

* You can elect a minimum weekly benefit amount of \$50 per week. The maximum weekly benefit amount is 60% of your weekly salary up to \$1,500 per week. Maximum benefit period is 11 weeks. All sick days (earned or donated) MUST be used prior to receiving STD benefits.

AGE BAND	RATE
UNDER AGE 25	\$.583
25-29	\$.671
30-34	\$.601
35-39	\$.412
40-44	\$.296
45-49	\$.310
50-54	\$.365
55-59	\$.456
60-64	\$.554
65-69	\$.626
70+	\$.749

LONG-TERM DISABILITY (LTD)

	<u>ELECT LTD COVERAGE</u>	<u>DECLINE LTD COVERAGE</u>	<u>Monthly Cost</u>
<u>LONG-TERM DISABILITY</u>	<input type="checkbox"/>	<input type="checkbox"/>	\$

HOW TO CALCULATE COST FOR EMPLOYEE COVERAGE:

Step 1: Annual salary divided by 12= \$ _____

Step 2: Amount from Step 1 multiplied by .160 = \$ _____

Step 3: Amount from Step 2 divided by 100= \$ _____ (this is your monthly cost)

* Your election is 60% of your monthly salary for a maximum monthly benefit amount of \$ 5,000 per month. Maximum benefit period is 90 days. All sick days (earned or donated) MUST be used prior to receiving LTD benefits.

EVIDENCE OF INSURABILITY AND AUTHORIZATION INFORMATION

A medical Evidence of Insurability (“EOI”) application will be required for any employee who applies for coverage more than 31 days past his/her eligibility date. An EOI application is also needed if you:

- Apply for a higher coverage than the Maximum Guaranteed Issue Amount (anything over \$100,000 for employee and anything over \$25,000 for spouse)
- Want to increase your existing coverage now or at a later date, whether your existing coverage is with Sun Life Assurance Company of Canada or a prior insurance carrier.
- Decline coverage and then want it at a later date
- No EOI is required for Short- and Long-Term Disability enrollment

Coverage is subject to evidence of insurability and will not go into effect until Sun Life Assurance Company of Canada approves it.

TO FIND THE EVIDENCE OF INSURABILITY APPLICATION ONLINE, PLEASE FOLLOW THESE STEPS:

- 1) Go to <https://www.sunlife-usa.net/eoi/>
- 2) Enter Group# 235819 for Voluntary Life
- 3) Answer all questions

If you prefer to complete the paper EOI application, please contact Employee Benefits at 520-2178 or email employee.benefits@d11.org .

You will be required to complete the EOI application for any life insurance amount of coverage over \$100,000 for the employee and any amount over \$25,000 for spouse coverage.

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application which is acceptable to Sun life. I have read the Evidence of Insurability notice.
- If I decline coverage for Voluntary AD&D and do not enroll when I am eligible, I will not be allowed to enroll for at least 6 months.
- If I am not actively working due to an injury, illness, lay off or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

Signature X _____ Today's Date _____