

# State Of Mississippi

## Alternate State Life Insurance Plan

1/1/2023

Underwritten by *Unum Insurance Company of America*

Administered by Millette Administrators, Inc., Moss Point, MS

Phone 1-800-456-8647 Ext. 131 for Questions &/or to Have a Booklet Emailed to You

### Basic State Public Employees Plan

- A All employees must participate unless they sign a wavier in the Superintendent's Office.
- B Your benefit is 2x your annual salary rounded to the next highest \$1,000 with a minimum of \$30,000 and a maximum of \$100,000.
- C Accidental Death & Dismemberment (AD&D) benefits included for Actives.
- D Includes Wavier of Premium to age 65.
- E The State pays for half the benefit.
- F Active employee cost is \$ 0.12 per \$1,000/month. The State cost is \$0.12 per \$1,000/month for actives.
- G Retirees pay 100% of their premium. The State does not contribute for retirees.

### Supplemental Life Insurance To State Life Plan

- I Supplemental Life is offered in addition to the Basic Life and is optional. Paid for 100% by the employee.
- II Accidental Death & Dismemberment (AD&D) benefits included for employee only.
- III Includes Wavier of Premium to age 65.
- IV Employee must be actively at work to enroll for supplemental coverage.
- V New employees may enroll within first 30 days of employment without evidence of insurability. Evidence of Insurability is required after 30 days of employment.

#### Active Employees

\$10,000 for \$ 4.00/month  
 \$25,000 for \$10.00/month  
 \$50,000 for \$20.00/month

#### Dependent Coverage \$5.00/month Until

Spouse's Age 70. At Spouse's Age 70,

Premium Increases to \$23.50/month

Spouse	\$10,000*
Each Child over 6 months	\$ 5,000**
Each Child live birth to 6 months	\$ 1,000

\* Dependent Spouse totally disabled on effective date will not be covered until no longer totally disabled.

\*\* Unmarried dependent children to age 19 or 25 if enrolled as full-time student in an accredited school.

### Retiree Life Benefits and Premiums

- a At retirement, employee can continue life insurance as provided for in the policy.
- b You are not eligible to elect retiree life insurance if you did not have the life insurance as an active employee.
- c Maximum benefit of \$50,000                      Minimum benefit of \$ 5,000
- d **Premiums may be deducted from monthly PERS retirement benefit or, paid annually by direct pay.**
- e Premiums per \$1,000 are the same for all retirees regardless of age.
- f A retiree may not increase the amount of coverage he/she had at the time of retirement.
- g Retirees do not have the extra benefit of AD&D. There is no reduction of benefit at any age level.

<u>Benefit Amount</u>	<u>Premium</u>	<u>Benefit Amount</u>	<u>Premium</u>
\$ 5,000	\$ 9.75/month	\$30,000	\$ 78.00/month
\$10,000	\$ 19.50/month	\$40,000	\$ 117.00/month
\$20,000	\$ 39.00/month	\$50,000	\$156.00/month

## **DEPENDENT AND SUPPLEMENTAL FAQ**

### **Does it cost \$5 per dependent?**

No it does not, your one \$5 for dependent coverage covers all of your dependents even if they aren't listed on your enrollment form as long as they qualify as dependents when you enroll or you acquire them.

### **Does the Supplemental and Dependent coverage include Accidental Death & Dismemberment (AD&D), also known as "Double Indemnity"?**

The Supplemental coverage does include AD&D but the Dependent coverage does not.

### **How much coverage can I keep on me when I retire?**

You can't keep more coverage than you have when you are an Active employee, that includes if you have \$30,000 as an Active and get \$25,000 Supplemental coverage you can then keep \$50,000 when you retire because you had \$55,000 coverage when you were Active.

### **Can I keep dependent coverage when I retire?**

Yes you can keep dependent coverage when you retire on your spouse and any children that qualify for the same \$5/month premium until your spouse reaches their Age 70. At your spouse's Age 70, the premium for your spouse's coverage increases from \$5/month to \$23.50/ month for the rest of your spouse's life. FYI, if you could buy this same coverage from the State (you can't), it would cost \$30/month and \$66.20/month through PERS with Monumental Life.

### **What is the maximum age for a dependent child?**

The cut off age is 19 or 25 if they are in an accredited school.

### **If my spouse and I both work for Madison County Schools, can both of us buy Dependent Life?**

No. Either of you may buy it as you choose, but not both of you because you both work for the same employer. If your spouse works for another employer that has this coverage, then both of you may buy it. FYI, statistically, women outlive men by 3 years.

### **Are these rates guaranteed for life?**

No. They are not guaranteed for life. But this is a very stable group. We have had these same rates since 1999 (13 years) and do NOT anticipate an increase.

### **Can I add either Dependent or Supplemental this coverage at any time?**

If you have ANY dependents now, this is the only guaranteed issue "open enrollment" opportunity you will have. You may be able to add this coverage later at any time IF you and your dependents can pass Evidence of Insurability (medical questions).

You may also add this coverage without any medical questions asked when you add your first dependent, either a child or a spouse if you do so within 30 days of acquiring that first dependent (childbirth or date of marriage).

This is your only guaranteed issue "open enrollment" opportunity you can add the Supplemental Life on yourself. You may be able to add this coverage later at any time IF you can pass Evidence of Insurability (medical questions).



**Mississippi Schools**  
**Active Employee & Dependents Enrollment Form for**  
**Basic Life Insurance and Supplemental Life Insurance**  
**537377-114**

Employee Name (Last name, first, middle initial)		Social Security Number
Employee Address (street, city, state, zip code)		Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Employment	Annual Earnings
Employer <b>MADISON COUNTY SCHOOL DISTRICT</b>		Occupation
<b>Employee Life Insurance Amount:</b> \$ _____ Eligible Active Employees receive coverage of two times annual salary rounded to next highest \$1,000, subject to a minimum of \$30,000 and a maximum of \$100,000. <b>Note:</b> All employees are automatically covered for Basic Life and AD&D unless a waiver is signed. (waiver on back of this form)		
I am: <input type="checkbox"/> New Enrollee <input type="checkbox"/> Late Enrollee (Evidence of Insurability is required) <input type="checkbox"/> Changing Beneficiary <input type="checkbox"/> Changing Name (previous name _____) <input type="checkbox"/> Adding Dependent(s)		

**Beneficiary Information**

Designate your beneficiary(ies) for your Basic and Supplemental Life coverage below:

Name	Relationship to You	Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	Benefit %
		Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
		Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
		Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
		Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	

*If no primary beneficiary(ies) survive you, the proceeds will be paid to the surviving contingent beneficiary(ies).*

**SUPPLEMENTAL LIFE AND DEPENDENT LIFE INSURANCE:**

Choose from the following for electing Supplemental Life Insurance:      List spouse & dependents to be covered:

<b>Employee Life and AD&amp;D</b>	<b>DEPENDENT/FAMILY COVERAGE</b>	<b>Dependent Name</b>	<b>Relationship</b>	<b>Date of Birth</b>
<input type="checkbox"/> <b>\$10,000</b>	Spouse.....\$10,000			
<input type="checkbox"/> <b>\$25,000</b>	Per Child.....\$ 5,000			
<input type="checkbox"/> <b>\$50,000</b>	To 6 Months per Child....\$ 100			
<input type="checkbox"/> <b>None</b>	<input type="checkbox"/> I elect dependent coverage.			
	<input type="checkbox"/> I decline dependent coverage.			
	Spouse premium increases age 70			

I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available at my request. I hereby authorize my employer to deduct monthly, the appropriate life insurance premium and also I further authorize my employer to forward payment of such premium amount to UNUM or its authorized agent/representative on the first working day of each month to cover the cost of my life insurance. I understand that UNUM and/or its authorized agent/representative is responsible for billing my employer monthly for the appropriate premium amount. I further understand that I am responsible for notifying UNUM and/or its authorized agent/representative concerning cancellation, premium changes, policy questions, and/or general information. Employee and Dependents must be actively at work and not disabled for coverage to be effective.

Employee Signature	Date	Work Phone	Home Phone
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**STATE OF MISSISSIPPI WAIVER OF BASIC LIFE AND ACCIDENTAL DEATH AND  
DISMEMBERMENT PLAN 537377**

If you do not want to elect Life coverage at this time, please mark the box below, and complete the form at the bottom. Be sure to sign and date the form.

- I do not wish to enroll in the State Life Insurance Plan. I realize that if I choose to enroll at a later date, my application will be subject to Medical Evidence of Insurability.

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

School District or Community College MADISON COUNTY SCHOOL DISTRICT

Signature \_\_\_\_\_

Date \_\_\_\_\_