

Fern Ridge School District #28J

Generic Supplemental Group Term Life Insurance Enrollment Form

This form is required to be turned in to your HR department.

Name:	Annual Salary:
Title:	Date of Birth: Age:
Date of Hire:	Effective Date:
Full Address:	

Supplemental Group Term Life Insurance - Employee

You have the opportunity to enroll in the Fern Ridge School District #28J Supplemental Group Term Life Insurance plan. Your election may be made in \$10,000 increments, 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 \$50,000, you will need to provide evidence of good health that is satisfactory to United Heritage Life before the excess can become effective. The monthly cost, based on your age, is shown below.

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

Age	Under 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & Over
Rate	\$0.04	\$0.04	\$0.04	\$0.06	\$0.09	\$0.14	\$0.23	\$0.38	\$0.51	\$0.80	\$1.39	\$2.39

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

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

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

Note: If you are age 65 or over, your elected benefit and premium will be reduced according to the age reduction schedule in the certificate of insurance. If you are moving from one age bracket to the next, your rate will not change until October 1st, the policy's anniversary date, following your birth date.

Supplemental Group Term Life Insurance - Spouse

If you elect the Supplemental Group Term Life plan for yourself, you may elect Supplemental Life coverage for your Spouse. Your Spouse's election may be made in \$5,000 increments to a maximum of \$150,000, not to exceed 50% of your approved election. If you elect an amount for your spouse 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.

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

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 Birth	Date of Marriage



Supplemental Group Term Life Insurance - Child(ren)

If you elect the Supplemental Group Term Life plan for yourself, you may elect Supplemental Life coverage for your Dependent Child(ren) between the ages of 6 months and 26 years. You may elect in increments of \$2,000 to a maximum of \$10,000 at the Monthly cost below. Children from 15 days to 6 months are limited to coverage in the amount of \$1,000.

Use the rate chart and calculation line below 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

*Unit refers to all children eligible for coverage.

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).

CHILD(REN)

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 have been given the opportunity to enroll in *Fern Ridge School District #28J* Supplemental Group Term Life Insurance plan. I understand that if I decline now, but later choose to enroll, I will be required to provide evidence of good health and understand my request for coverage may be denied.

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 participation requirements are not met, this plan will not be implemented and the coverage elected will not be in force. **Your final payroll deductions may vary slightly pending final enrollment and payroll deduction frequency.**

United Heritage Life Insurance Company assumes no responsibility for the beneficiary designation complying with any community property laws relating to the designation. Community Property states include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Signature: _____ **Date:** _____

