



Additional Life Insurance

I have LESS than \$100,000 Additional Coverage and would like to:

Anything more than \$10,000 requires a completed Enrollment Change Form and Health Questionnaire and is subject to approval.

Add \$_____ Life Insurance Coverage

Add \$_____ Life and AD&D Coverage

Remove or reduce Additional Coverage. See attached completed enrollment change form.

I have MORE than \$100,000 Additional Coverage and would like to:

Anything additional requires a completed Enrollment Change Form and Health Questionnaire and is subject to approval.

Add \$_____ Life Insurance Coverage

Add \$_____ Life and AD&D Coverage

Remove or reduce Additional Coverage. See attached completed enrollment change form.

I do not currently have Additional Coverage and would like to add some. I have attached a **completed enrollment change form** as well as a **completed Health Questionnaire**.

I would like to add additional coverage for my **spouse/dependents** and have attached a **completed enrollment change form** as well as a **completed Health Questionnaire**.

PRINT NAME

SIGNATURE

DATE

As noted above, some amounts require a completed Enrollment Change Form and Health Questionnaire and will be subject to approval.

Rate information is attached.

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.104
30-34	\$0.104
35-39	\$0.156
40-44	\$0.234
45-49	\$0.364
50-54	\$0.650
55-59	\$1.196
60-64	\$1.820
65-69	\$2.938
70-74	\$5.486
75+	\$18.252

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. **Line 1:** _____
2. Line 1 divided by \$1,000 = Line 2. **Line 2:** _____
3. Select your rate from the rate table and enter on Line 3. **Line 3:** _____
4. Line 2 multiplied by Line 3 = Your monthly cost. **Line 4:** _____

Employee AD&D Rates

If you elect to add AD&D insurance to your Additional Life insurance, your monthly premium rate is \$0.05 per \$1000 of AD&D benefit added to the above rates. Premiums for this coverage will be deducted directly from your paycheck.

Spouse Rates

If you elect Dependents Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.052
30-34	\$0.078
35-39	\$0.104
40-44	\$0.182
45-49	\$0.260
50-54	\$0.494
55-59	\$0.936
60-64	\$1.352
65-69	\$2.314
70-74	\$4.134
75+	\$15.366

To calculate your premium:

1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form. **Line 1:** _____
2. Line 1 divided by \$1,000 = Line 2. **Line 2:** _____
3. Select your rate from the rate table and enter on Line 3. **Line 3:** _____
4. Line 2 multiplied by Line 3 = Your monthly cost. **Line 4:** _____

Child(ren) Rates

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.182 per \$1000, regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.