



EMPLOYEE INFORMATION

Name		Soc. Sec. Number	
Address			
Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Hire	Banner ID

ENROLLMENT INFORMATION – EMPLOYEE COVERAGE

Type of Enrollment (check one): Initial Enrollment Change in coverage¹ Cancel Supplemental coverage Change beneficiary designation

REQUESTED AMOUNT

<input type="checkbox"/> Basic Life/AD&D only	<input type="checkbox"/> 1x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 2x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 3x annual salary – Supplemental Life/AD&D
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Rates for the Employee Supplemental Life/AD&D coverage are on the back of this form.

¹ You may need to provide evidence of good health that is satisfactory to The Standard before the coverage can become effective. This does not apply to coverage on children.

ENROLLMENT INFORMATION – DEPENDENT COVERAGE

Type of Enrollment (check one): Initial Enrollment Change in coverage¹ Cancel Supplemental coverage

REQUESTED AMOUNT (Life Only)	12-MONTH EMPLOYEE COST PER PAY	9-MONTH EMPLOYEE COST PER PAY
<input type="checkbox"/> No coverage	\$ 0.00	\$ 0.00
<input type="checkbox"/> \$20,000 Spouse/Other Eligible Person and \$10,000 Per Child (Other Eligible Person eligibility as determined by the employer)	\$ 2.25	\$ 3.00
<input type="checkbox"/> \$20,000 Spouse/Other Eligible Person Only (Other Eligible Person eligibility as determined by the employer)	\$ 1.50	\$ 2.00
<input type="checkbox"/> \$10,000 Per Dependent Child Only	\$ 0.75	\$1.00

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. If you need assistance, contact your benefits administrator or your own legal counsel. 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." If a Trust is named, please indicate the date the Trust was established.

The beneficiary for Life/AD&D 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.

Full Name	Address	Soc Sec Number	Relationship	Date of Birth	%
Primary					
Contingent					

I have been given the opportunity to enroll in the Supplemental Life/AD&D coverage. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to The Standard and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages. I understand the benefit I have elected is limited to the maximum benefit available under the policy. I further understand that the Supplemental Life plan only covers eligible dependents as defined under the insurance policy.

Signature	Date
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Life Insurance options not available to all employee groups. See Benefits Handbook for eligibility information.

Supplemental Life / AD&D Rates for Employee Coverage

Age	12 Month Employee Rates			9 Month Employee Rates		
	Total Monthly Rate	University Monthly Subsidy	Employee Monthly Rate	Total Monthly Rate	University Monthly Subsidy	Employee Monthly Rate
<25	\$.0550	\$.0028	\$.0522	\$.0733	\$.0037	\$.0696
25 - 29	\$.0650	\$.0029	\$.0621	\$.0867	\$.0039	\$.0828
30 - 34	\$.0850	\$.004	\$.0810	\$.1133	\$.0053	\$.1080
35 - 39	\$.0950	\$.0041	\$.0909	\$.1267	\$.0055	\$.1212
40 - 44	\$.1050	\$.0042	\$.1008	\$.1400	\$.0056	\$.1344
45 - 49	\$.1460	\$.0057	\$.1403	\$.1947	\$.0076	\$.1871
50 - 54	\$.2160	\$.0085	\$.2075	\$.2880	\$.0113	\$.2767
55 - 59	\$.3860	\$.0165	\$.3695	\$.5147	\$.0220	\$.4927
60 - 64	\$.5360	\$.0244	\$.5116	\$.7147	\$.0326	\$.6821
65+	\$.6550	\$.0715	\$.5835	\$.8733	\$.0953	\$.7780

To Figure Cost for 1X Annual Salary

1. Indicate your base annual salary <i>(For example, if your salary is \$30,649, enter that in the box)</i>	\$
2. Multiply the salary by 1 and round up to the next \$1,000 <i>(For example, \$30,649 x 1 = \$30,649 and round up to \$31,000)</i>	
3. Multiply the amount from Step 2 (per thousand) by the Employee Monthly Rate based on your age and your status <i>(For example, if you are age 35 and a 12-month employee, multiply 31 by \$.0909 to get \$2.82)</i> This is your estimated monthly cost.	\$
4. To get your cost per pay, take the amount in Step 3 and divide by 2. <i>(For example, \$2.85 divided by 2 equals \$1.41)</i> This is your estimated cost per pay period.	\$

To Figure Cost for 2X Annual Salary

1. Indicate your base annual salary <i>(For example, if your salary is \$30,649, enter that in the box)</i>	\$
2. Multiply the salary by 2 and round up to the next \$1,000 <i>(For example, \$30,649 x 2 = \$61,298 and round up to \$62,000)</i>	
3. Multiply the amount from Step 2 (per thousand) by the Employee Monthly Rate based on your age and your status <i>(For example, if you are age 35 and a 12-month employee, multiply 62 by \$.0909 to get \$5.64)</i> This is your estimated monthly cost.	\$
4. To get your cost per pay, take the amount in Step 3 and divide by 2. <i>(For example, \$5.64 divided by 2 equals \$2.82)</i> This is your estimated cost per pay period.	\$

To Figure Cost for 3X Annual Salary

1. Indicate your base annual salary <i>(For example, if your salary is \$30,649, enter that in the box)</i>	\$
2. Multiply the salary by 3 and round up to the next \$1,000 <i>(For example, \$30,649 x 3 = \$91,947 and round up to \$92,000)</i>	
3. Multiply the amount from Step 2 by the Employee Monthly Rate based on your age and your status. <i>(For example, if you are age 35 and a 12-month employee, multiply 92 by \$.0909 to get \$8.36)</i> This is your estimated monthly cost.	\$
4. To get your cost per pay, take the amount in Step 3 and divide by 2. <i>(For example, \$8.36 divided by 2 equals \$4.18)</i> This is your estimated cost per pay period.	\$