

# CITY OF WORCESTER

GROUP LIFE INSURANCE ELECTION FORM – Unum Group Policy # 094486

<b>Name:</b>		<b>Social Security #:</b>	
<b>Effective Date:</b>		<b>Annual Salary:</b>	
<b>Date of Birth:</b>		<b>Date of Hire:</b>	

**Important!** This form must be returned to your employer prior to the end of the enrollment period.

**Re-enrollment period:** If your form is not signed, dated and returned **before** the effective date of the plan year for which elections are being made, you will remain in the option(s) you had previously, rounded to the nearest \$10,000 or a plan most similar, although your cost may change.

**You must elect Basic Life/Accidental Death & Dismemberment coverage to enroll in the additional coverage.**

**BASIC Employee Life/Accidental Death & Dismemberment: \$5,000      50% PAID BY YOUR EMPLOYER**

Please Circle Elected Option	Your Monthly Cost
OPTION A: \$5,000	\$4.78
OPTION B: No Coverage	\$0.00

\_\_\_\_\_ I ELECT TO ENROLL IN THE BASIC LIFE/AD&D COVERAGE

\_\_\_\_\_ I DECLINE BASIC LIFE/AD&D COVERAGE

**OPTIONAL Additional Life/Accidental Death & Dismemberment coverage:** You can elect coverage in \$10,000 increments. The maximum additional coverage is the lesser of 3x your annual earnings or \$300,000.

Age	< 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70-74
<b>Rate</b>	\$0.10	\$0.111	\$0.13	\$0.176	\$0.243	\$0.366	\$0.64	\$0.75	\$1.32	\$2.18

**Evidence of Insurability will be required if your Basic and Additional coverage exceeds \$205,000**

**Calculate the cost of Additional Employee Life/AD&D insurance:**

<b>Amount elected (\$10,000 increment)</b>	<b>Divided by \$1000</b>	<b>X</b>	<b>Step Rate (from above)</b>	<b>=</b>	<b>\$</b>
					<b>Your Monthly Cost</b>

\_\_\_\_\_ I ELECT TO ENROLL IN THE OPTIONAL LIFE/AD&D COVERAGE AT THE VOLUME NOTATED ABOVE

\_\_\_\_\_ I DECLINE OPTIONAL LIFE/AD&D COVERAGE

**SPOUSE Life:** You can elect coverage in \$5,000 increments to a maximum of \$100,000. Your spouse coverage cannot exceed 50% of your total approved life coverage (Basic and Additional combined).

**You can calculate your Spouse cost by finding your spouse's age in the chart below.**  
**Spouse Cost Per Month for Life Coverage per \$1,000 - \* Final Cost May Vary Due to Rounding**

Age	< 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	65 – 69	70 +
Rate	\$0.07	\$0.081	\$0.10	\$0.146	\$0.213	\$0.336	\$0.61	\$0.72	\$1.29	\$2.15	\$5.36

**Evidence of insurability will be required if your spouse coverage exceeds \$20,000**

**Calculate the cost of Spouse Life insurance:**

Amount elected (\$5,000 increment)      Divided by \$1000      X      Step Rate (from above)      =      \$      Your Monthly Cost

\_\_\_\_\_ I ELECT TO ENROLL MY SPOUSE IN THE LIFE COVERAGE AT THE VOLUME NOTED ABOVE

Name of Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ I DECLINE SPOUSE LIFE COVERAGE

**CHILD Life:**

Please Circle Elected Option	Monthly Cost
OPTION A: \$5,000*	\$0.95**
OPTION B: No Coverage	\$0.00

\_\_\_\_\_ I ELECT TO ENROLL MY CHILD(REN) IN THE LIFE COVERAGE CIRCLED ABOVE

Name of Child(ren): \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ I DECLINE CHILD LIFE COVERAGE

- \*Live birth to 6 months: \$1,000; 6 months to age 19 or to age 25 if full-time student – Full benefit.
- \*\* Cost is to cover all your children (i.e., same cost regardless of the number of children).
- Evidence of insurability will be required if you are electing dependent coverage after 31 days from your dependent's eligibility date.

**TOTAL MONTHLY DEDUCTION** -----\$ \_\_\_\_\_

**Life** coverage amounts that are contributory and/or medically underwritten may not be payable if you commit suicide within 24 months of your effective date of coverage. Please consult your employee booklet. See your Plan Administrator or refer to your employee booklet for details about other Life coverage exclusions. Also see your Plan Administrator or refer to your employee booklet for details about other AD&D coverage exclusions.

**Delayed Effective Date:** (1) Employee: Initial insurance coverage, and any increased or additional insurance will be delayed if an employee is not in active employment because of an injury, sickness, leave of absence or temporary lay-off on the date that insurance would otherwise be effective. (2) Dependents: Initial insurance coverage will be delayed if a dependent is totally disabled on the date that insurance would otherwise be effective. Exception: Newborn children are insured from live birth.

**Request for Signature:** I understand that by signing and submitting this form to elect coverage, I am making a binding election for my benefits and am authorizing payroll deduction from my earnings. I understand that if I decline any of the above coverages, I cannot later change my mind during the plan year and elect these coverages, unless I experience a change in status.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**