

CITY OF WORCESTER

GROUP LIFE INSURANCE ELECTION FORM – Unum Group Policy # 094486

Name (PRINT):		Social Security #:	
Effective Date:		Annual Salary:	
Date of Birth:	Age:	Date of Hire:	

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

BASIC Employee Life/Accidental Death & Dismemberment: \$5,000

Basic Life	Your Monthly Cost
OPTION A: \$5,000	\$6.48

_____ 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 \$500,000.

Age	< 30	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70-74
Rate	\$0.122	\$0.137	\$0.161	\$0.221	\$0.310	\$0.472	\$0.832	\$0.976	\$1.725	\$2.857

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:

x =

Amount elected (\$10,000 increment)	Divided by \$1000	Step Rate (from above)	Your Monthly Cost
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EXAMPLE: Someone 25 years of age electing \$10,000 worth of Optional Life Coverage			
\$10,000	10	.122	\$1.22

_____ 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). **ONLY IF ENROLLED IN OPTIONAL LIFE INSURANCE**

Spouse Cost Per Month for Life Coverage per \$1,000 - * Final Cost May Vary Due to Rounding

Age	< 30	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70-74
Rate	\$0.092	\$0.107	\$0.131	\$0.191	\$0.280	\$0.442	\$0.802	\$0.946	\$1.695	\$2.827

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

Calculate the cost of Spouse Life Insurance:

x
=

Amount elected (\$5,000 increment) **Divided by \$1000** **Step Rate** **Your Monthly Cost**

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

Name of Spouse: _____ **DOB:** _____ **SSN:** _____

_____ I DECLINE SPOUSE LIFE COVERAGE

CHILD Life: ONLY IF ENROLLED IN OPTIONAL LIFE INSURANCE

Child Life	Monthly Cost
OPTION A: \$5,000*	\$0.95**

_____ I ELECT TO ENROLL MY CHILD(REN) IN THE LIFE COVERAGE

Name of Child(ren): _____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

_____ 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

Unum Life Insurance Company of America

