

NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS

GL-673832

Retiree Life Insurance Enrollment Form

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Part A: To be completed by Employer

Name of Employee: _____	Title When Employed: _____	
Employer (Conference, School, etc.): _____	Date of Retirement (Date Employee's Coverage Terminated): _____	
Employer Address: _____	City, State Zip: _____	
Amount of Supplemental Coverage as of Retirement (if no coverage, please indicate no coverage):		
Amount of Employee's Coverage: _____	Amount of Spouse's Coverage: _____	Amount of Child Coverage: _____
Date Notice Completed: _____	Signature of Employer: _____	
Title: _____	Telephone Number: _____	

Part B: To be completed by Employee

Street Address: _____	Social Security #: _____
City: _____	State: _____
Zip Code: _____	Date of Birth: _____

NOTE: You must apply for retiree coverage within 31 days of your date of retirement.

The following costs should be calculated based on your age and your elected benefit as of your effective date of coverage.

Retiree Life Insurance

If you retire on or after January 1, 2003 and you are receiving benefits from the Seventh-day Adventist Retirement Plan of the North American Division and/or the Adventist Retirement Plan, you have the opportunity to enroll in the Retiree Life Insurance plan. Your election may be made in increments of \$10,000 to a maximum of \$250,000*. However, this amount cannot exceed the amount you currently have in place. Once you elect a benefit, you may not increase that amount at any time. Benefits will terminate at age 95. Quarterly costs per \$10,000, based on your age, are shown below.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Rate	1.65	1.65	1.83	2.01	2.76	4.17	6.78	11.73	12.57	21.99	39.15	62.31	88.53	139.26	232.71

I elect to **enroll** in the Retiree Life plan at the quarterly cost below.

$$\frac{\text{Amount Elected}}{\$10,000} = \text{Rate Above} \times \text{Your Quarterly Cost} = \$$$

I elect to **decline** the Retiree Life plan and will not be allowed to enroll at a future date.

* Benefits will reduce by 35% at age 70 and an additional 35% at age 75.

For employees retiring on or after January 1, 2003

Retiree Life Insurance - Spouse

If your spouse was previously covered while you were an active employee and you elect the Supplemental Life plan for yourself, you may elect Supplemental Life coverage for your Spouse. Your election for your spouse may be made in increments of \$10,000 to a maximum of \$250,000 but may not exceed your own approved election or the amount your spouse currently has in place. Benefits for life insurance on your spouse will be payable to you. Quarterly costs per \$10,000, based on your spouse's age, are shown below. * Use the rate chart and calculation line below to determine your Quarterly cost for this coverage.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Rate	1.65	1.65	1.83	2.01	2.76	4.17	6.78	11.73	12.57	21.99	39.15	62.31	88.53	139.26	232.71

I elect to **enroll** my Spouse in the Supplemental Life plan at the quarterly cost below.*

$$\frac{\text{Amount Elected}}{\$10,000} = \text{Rate Above} \times \text{Rate Above} = \$ \text{Your Quarterly Cost}$$

SPOUSE:

First Name	Last Name	Gender	Date of Marriage	Date of Birth	Benefit Amount

I elect to **decline** the Supplemental Life plan for my Spouse and will not be allowed to enroll my spouse at a future date.

- Benefits will reduce by 35% at age 70 and an additional 35% at age 75.

Supplemental Life Insurance - Child(ren)

If your child(ren) was previously covered while you were an active employee and you elect the Supplemental Life plan for yourself, you may elect Supplemental Life coverage for your Dependent Child(ren) from birth to 19 years (26 if a full time student). You may elect in increments \$1,000 to a maximum of \$25,000, but may not exceed your own approved election or the amount your child(ren) currently has in place. The same benefit election will apply to all children. Use the calculation line to determine your Monthly cost for this coverage. (Note: This table reflects rounding based upon a rate of \$.192 per \$1000.)

Child Life Amount	Monthly Cost	Child Life Amount	Monthly Cost	Child Life Amount	Monthly Cost	Child Life Amount	Monthly Cost	Child Life Amount	Monthly Cost
\$1,000	\$0.19	\$6,000	\$1.15	\$11,000	\$2.11	\$16,000	\$3.07	\$21,000	\$4.03
\$2,000	\$0.38	\$7,000	\$1.34	\$12,000	\$2.30	\$17,000	\$3.26	\$22,000	\$4.22
\$3,000	\$0.58	\$8,000	\$1.54	\$13,000	\$2.50	\$18,000	\$3.46	\$23,000	\$4.42
\$4,000	\$0.77	\$9,000	\$1.73	\$14,000	\$2.69	\$19,000	\$3.65	\$24,000	\$4.61
\$5,000	\$0.96	\$10,000	\$1.92	\$15,000	\$2.88	\$20,000	\$3.84	\$25,000	\$4.80

I elect to **enroll** my dependent child(ren) in the Supplemental Life plan at the monthly cost below.

$$\frac{\$ \text{Elected Benefit Amount}}{\$ \text{Your Monthly Cost}}$$

CHILD:

First Name	Last Name	Gender	Date of Birth

Please attach a separate sheet for additional dependent child(ren) including First Name, Last Name, Gender and Date of Birth.

I elect to **decline** the Supplemental Life plan for my dependent child(ren).

For employees retiring on or after January 1, 2003

