

# NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS

## Supplemental Life Insurance Enrollment Form

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

<b>Name:</b> _____ <b>Employer</b> <b>(Conference,</b> <b>School, etc.):</b> _____ <b>Effective</b> JULY 1, 2005 <b>Date:</b> _____	<b>Social Security #:</b> _____ <b>Title:</b> _____ <b>Date of Birth:</b> _____  <b>Date of Hire:</b> _____
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The following costs should be calculated based on your age and annual salary as of your effective date of coverage.

### ***Supplemental Life Insurance - Employee***

You have the opportunity to enroll in the North American Division of Seventh-day Adventists Supplemental Life Insurance plan. Your election may be made in increments of \$10,000, not to exceed 7 times your salary to a maximum of \$750,000. If you elect an amount that exceeds the lesser of 3 times your salary or guaranteed issue amount of \$250,000, you will need to provide evidence of good health that is satisfactory to Hartford Life before the excess can become effective. Monthly 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	\$0.55	\$0.55	\$0.61	\$0.67	\$0.92	\$1.39	\$2.26	\$3.91	\$4.19	\$7.33	\$13.05	\$20.77	\$29.51	\$46.42	\$77.57

I elect to **enroll** in the Supplemental Life plan at the monthly cost below. \*

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

I elect to **decline** the Supplemental Life plan.

Salary calculations for figuring guaranteed issue: Your salary plus tuition assistance and other taxable income. (Do not exclude parsonage allowance or voluntary pre-tax contributions such as 403b retirement contributions, education IRA's, or section 125 benefits.)

$$\frac{\$ \text{Salary}}{\text{Guaranteed Issue Maximum}} \times 3 = \$ \text{Guaranteed Issue Maximum}$$

### ***Supplemental Life Insurance - Spouse***

**If 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. If you elect an amount for your spouse that exceeds the guaranteed issue amount of \$30,000, your spouse will need to provide evidence of good health that is satisfactory to Hartford Life before the excess can become effective. Monthly costs per \$10,000, based on your spouse's age, are shown below. \* Use the rate chart and calculation line below to determine your Monthly 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	\$0.55	\$0.55	\$0.61	\$0.67	\$0.92	\$1.39	\$2.26	\$3.91	\$4.19	\$7.33	\$13.05	\$20.77	\$29.51	\$46.42	\$77.57

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

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

**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.

\*Your cost may change if your salary or age category changes within the benefits plan year.

## Supplemental Life Insurance - Child(ren)

**If 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 100% of your approved election. 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.

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Elected Benefit Amount                      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).

### 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. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your benefits administrator or your own legal counsel. Following are examples of the most common designations:

Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

Contingent:

- Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares (50%).
- Estate of the Insured.

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."

	Full Name	Address	SSN	Relationship	D.O.B.	%
Primary						
Contingent						

If necessary, please feel free to attach a separate sheet with all the necessary information.

The beneficiary for life 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. A beneficiary for employee Life Insurance may be changed upon written request.

### Employee Confirmation

I have been given the opportunity to enroll in North American Division of Seventh-day Adventists Group Supplemental Life Insurance plan. I understand that if I decline now, but later decide to enroll (unless I have a qualified family change, such as getting married or having children, or my employer and Hartford offer another open enrollment), I will be required to provide evidence of good health that is satisfactory to Hartford Life and understand my coverage may be declined.

I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis. I am not now disabled and I am performing all the duties of my occupation and am working 20 hours or more per week.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_