



# Voluntary Life and Accidental Death and Dismemberment Insurance Enrollment Form

Underwritten by:  
Unum Life Insurance  
Company of America  
2211 Congress Street,  
Portland, Maine 04122

**Los Rios Community College District**  
**Policy number 800795**  
**Classes 1, 2, and 4 (Monthly Benefit Deductions)**

### Employee Information

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
FTE: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

### Dependent Information (only necessary if electing spouse/domestic partner and/or child(ren) coverage)

Spouse/DP Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child(ren) Name(s) / Date(s) of Birth: \_\_\_\_\_

**Please CIRCLE Life/AD&D coverage amount elected for: EMPLOYEE<sup>1</sup>**

**Please note: Employees can elect to max of 5x their salary. If you wish to elect an amount other than what is listed below, please use the worksheet on the back page to indicate election and calculate premium using increments of \$10,000.**

**The monthly premium amount corresponds to your age as of your last birthday.**

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74†	75-79†	80+†
<b>\$10,000</b>		<b>\$0.620</b>	<b>\$0.620</b>	<b>\$0.600</b>	<b>\$0.690</b>	<b>\$0.940</b>	<b>\$1.320</b>	<b>\$2.010</b>	<b>\$3.190</b>	<b>\$5.130</b>	<b>\$6.410</b>	<b>\$10.070</b>	<b>\$17.490</b>	<b>\$30.940</b>
\$20,000		\$1.240	\$1.240	\$1.200	\$1.380	\$1.880	\$2.640	\$4.020	\$6.380	\$10.260	\$12.820	\$20.140	\$34.980	\$61.880
\$30,000		\$1.860	\$1.860	\$1.800	\$2.070	\$2.820	\$3.960	\$6.030	\$9.570	\$15.390	\$19.230	\$30.210	\$52.470	\$92.820
\$40,000		\$2.480	\$2.480	\$2.400	\$2.760	\$3.760	\$5.280	\$8.040	\$12.760	\$20.520	\$25.640	\$40.280	\$69.960	\$123.760
\$50,000		\$3.100	\$3.100	\$3.000	\$3.450	\$4.700	\$6.600	\$10.050	\$15.950	\$25.650	\$32.050	\$50.350	\$87.450	\$154.700
\$100,000		\$6.200	\$6.200	\$6.000	\$6.900	\$9.400	\$13.200	\$20.100	\$31.900	\$51.300	\$64.100	\$100.700	\$174.900	\$309.400
\$150,000		\$9.300	\$9.300	\$9.000	\$10.350	\$14.100	\$19.800	\$30.150	\$47.850	\$76.950	\$96.150	\$151.050	\$262.350	\$464.100
\$200,000		\$12.400	\$12.400	\$12.000	\$13.800	\$18.800	\$26.400	\$40.200	\$63.800	\$102.600	\$128.200	\$201.400	\$349.800	\$618.800
\$250,000		\$15.500	\$15.500	\$15.000	\$17.250	\$23.500	\$33.000	\$50.250	\$79.750	\$128.250	\$160.250	\$251.750	\$437.250	\$773.500
\$300,000*		\$18.600	\$18.600	\$18.000	\$20.700	\$28.200	\$39.600	\$60.300	\$95.700	\$153.900	\$192.300	\$302.100	\$524.700	\$928.200
\$350,000*		\$21.700	\$21.700	\$21.000	\$24.150	\$32.900	\$46.200	\$70.350	\$111.650	\$179.550	\$224.350	\$352.450	\$612.150	\$1,082.900
\$400,000*		\$24.800	\$24.800	\$24.000	\$27.600	\$37.600	\$52.800	\$80.400	\$127.600	\$205.200	\$256.400	\$402.800	\$699.600	\$1,237.600
\$500,000*		\$31.000	\$31.000	\$30.000	\$34.500	\$47.000	\$66.000	\$100.500	\$159.500	\$256.500	\$320.500	\$503.500	\$874.500	\$1,547.000
\$600,000*		\$37.200	\$37.200	\$36.000	\$41.400	\$56.400	\$79.200	\$120.600	\$191.400	\$307.800	\$384.600	\$604.200	\$1,049.400	\$1,856.400
\$700,000*		\$43.400	\$43.400	\$42.000	\$48.300	\$65.800	\$92.400	\$140.700	\$223.300	\$359.100	\$448.700	\$704.900	\$1,224.300	\$2,165.800
\$750,000*		\$46.500	\$46.500	\$45.000	\$51.750	\$70.500	\$99.000	\$150.750	\$239.250	\$384.750	\$480.750	\$755.250	\$1,311.750	\$2,320.500

**Please CIRCLE Life/AD&D coverage amount elected for: SPOUSE/DOMESTIC PARTNER<sup>2</sup>**

**Please note: You may elect up to 100% of your elected amount for your spouse/domestic partner (up to \$150,000 max benefit). If you wish to elect a different amount than what is shown below, please use the worksheet on the back page to indicate election and calculate premium using increments of \$5,000. The monthly premium amount corresponds to your age as of your last birthday.**

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74†	75-79†	80+†
<b>\$5,000</b>		<b>\$0.310</b>	<b>\$0.310</b>	<b>\$0.300</b>	<b>\$0.345</b>	<b>\$0.470</b>	<b>\$0.660</b>	<b>\$1.005</b>	<b>\$1.595</b>	<b>\$2.565</b>	<b>\$3.205</b>	<b>\$5.035</b>	<b>\$8.745</b>	<b>\$15.470</b>
\$10,000		\$0.620	\$0.620	\$0.600	\$0.690	\$0.940	\$1.320	\$2.010	\$3.190	\$5.130	\$6.410	\$10.070	\$17.490	\$30.940
\$20,000		\$1.240	\$1.240	\$1.200	\$1.380	\$1.880	\$2.640	\$4.020	\$6.380	\$10.260	\$12.820	\$20.140	\$34.980	\$61.880
\$25,000		\$1.550	\$1.550	\$1.500	\$1.725	\$2.350	\$3.300	\$5.025	\$7.975	\$12.825	\$16.025	\$25.175	\$43.725	\$77.350
\$30,000		\$1.860	\$1.860	\$1.800	\$2.070	\$2.820	\$3.960	\$6.030	\$9.570	\$15.390	\$19.230	\$30.210	\$52.470	\$92.820
\$35,000*		\$2.170	\$2.170	\$2.100	\$2.415	\$3.290	\$4.620	\$7.035	\$11.165	\$17.955	\$22.435	\$35.245	\$61.215	\$108.290
\$40,000*		\$2.480	\$2.480	\$2.400	\$2.760	\$3.760	\$5.280	\$8.040	\$12.760	\$20.520	\$25.640	\$40.280	\$69.960	\$123.760
\$45,000*		\$2.790	\$2.790	\$2.700	\$3.105	\$4.230	\$5.940	\$9.045	\$14.355	\$23.085	\$28.845	\$45.315	\$78.705	\$139.230
\$50,000*		\$3.100	\$3.100	\$3.000	\$3.450	\$4.700	\$6.600	\$10.050	\$15.950	\$25.650	\$32.050	\$50.350	\$87.450	\$154.700
\$100,000*		\$6.200	\$6.200	\$6.000	\$6.900	\$9.400	\$13.200	\$20.100	\$31.900	\$51.300	\$64.100	\$100.700	\$174.900	\$309.400
\$150,000*		\$9.300	\$9.300	\$9.000	\$10.350	\$14.100	\$19.800	\$30.150	\$47.850	\$76.950	\$96.150	\$151.050	\$262.350	\$464.100

\* REQUIRES MEDICAL EVIDENCE OF INSURABILITY. \*(PLEASE COMPLETE EVIDENCE OF INSURABILITY FORM)

† – Benefit amount is subject to age reductions

**Please CIRCLE Life/AD&D coverage amount elected for: CHILD(REN)<sup>2</sup>**

**You may elect up to 100% of the Employee elected amount to a maximum of \$10,000**

Child(ren) Age	Benefit Amount	Cost	Note: The amount you select will cover ALL eligible children.
6 Months – Age 26	\$10,000	\$1.10	Please note the benefit amount for Child(ren) under 6 months is \$1,000

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**Life Election & Calculation Worksheet**

*If you wish to elect a different amount than what is shown on the charts above, use the worksheet below to indicate election and calculate the monthly premium.*

Coverage Amount	Increment	Rate (calculate using rate from highlighted row on front page)	Monthly Cost
Employee \$ _____	÷ \$10,000 x	\$ _____ =	\$ _____
Spouse/DP \$ _____	÷ \$ 5,000 x	\$ _____ =	\$ _____

**Insurance Age**

Your rate is based on your actual age as of your last birthday. Your spouse/domestic partner's age is also based on your age as of your last birthday. Rates will increase as you age and move to the next age band.

**BENEFICIARY INFORMATION - Designate your beneficiary(ies) below.**

Name	Relation to You	Social Security #	Date of Birth	Benefit
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
<i>If the beneficiary (ies) named above are not living, then pay:</i>				
Name	Relation to You	Social Security #	Date of Birth	Benefit
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

**CERTIFICATION:** I certify that all statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available at my request. I have read and understand the INFORMATION ABOUT DELAYED EFFECTIVE DATES and EXCLUSIONS below and on the highlight sheet provided.

**Request for Signature:** I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

At this time I choose to decline coverage for  myself  my spouse/domestic partner  my child(ren)

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

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

<sup>1</sup> **EMPLOYEE DELAYED EFFECTIVE DATE:** If you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date your coverage would normally begin or increase, your coverage/dependent coverage will begin or increase on the date you return to active employment.

<sup>2</sup> **SPOUSE/DOMESTIC PARTNER/CHILD(REN) DELAYED EFFECTIVE DATE:** If your eligible dependent is **totally disabled (see below)**, your dependent's coverage will begin on the date your eligible dependent no longer is **totally disabled**. This provision does not apply to a newborn child while dependent insurance is in effect.

**TOTALLY DISABLED** means that, as a result of an injury, a sickness or a disorder:

- Your dependent spouse/domestic partner: is confined in a hospital or similar institution; is **cognitively impaired**; or: is confined at home under the care of a physician for a sickness or injury; or
- Your dependent children: are confined in a hospital or similar institution; or are confined at home under the care of a physician for a sickness or injury.

**COGNITIVELY IMPAIRED** means a person has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age, Alzheimer's disease or similar forms of irreversible dementia and needs another person's assistance or verbal cueing for his or her own protection or for the protection of others.

**HANDICAPPED CHILDREN**

Employees who have a handicapped child at the time they apply for coverage should complete the request for Continuation of Group Life Insurance coverage form for Incapacitated Children and submit to UNUM.

**WILL COVERAGE CONTINUE FOR A HANDICAPPED CHILD INSURED UNDER THE PLAN WHO IS AGE 26 OR OVER?**

Coverage will continue for a child age 26 or over who is handicapped, provided: the child is currently insured under the plan; and you are the main source of support and maintenance. Unum must receive proof within 31 days of the date the child attains 26 and as required during the first two years. After the first two years, Unum will ask for proof when needed, but not more than once a year.

**HANDICAPPED** means permanently and continuously incapable of self sustaining support by reason of mental or physical incapacity.

**NOTE:** Any amount of coverage that needs to be Medically Underwritten will become effective on the date Unum approves your Evidence of Insurability form. If you and your eligible spouse/domestic partner do not enroll within 31 days of your eligibility date, you can apply for coverage anytime and will be required to furnish evidence of insurability for the entire amount of coverage. If you do not apply for child(ren) coverage when you are first eligible then you must wait until annual enrollment to enroll and will be able to enroll without medical questions.

