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THE UNIVERSITY OF TOLEDO
HEALTH SCIENCE CAMPUS

Basic and Additional Life Insurance Enrollment Form

STANDARD INSURANCE COMPANY

Basic Employee Information:

Name: _____ **Social Security # :** _____

Salary: _____ **Date of Birth:** _____

Date of Hire: _____

Basic Dependent Life Insurance

May be elected in a flat amount of $10,000 for your spouse or domestic partner and $5,000 for your dependent child(ren).

☐ I elect to **enroll** my Dependents in the Dependent Basic Life plan at the Monthly (12) cost of $2.40

☐ I elect to **decline** the Dependent Basic Life plan.

SPOUSE OR DOMESTIC PARTNER:

First Name	Last Name	Gender	Date of Birth

CHILD:

First Name	Last Name	Gender	Date of Birth

Additional Life Insurance

Employee Additional Life Insurance - You have the opportunity to enroll in The University of Toledo - Health Science Campus's Additional Life Insurance plan. Your election may be made in increments of $5,000, not to exceed the lesser of 5 times your salary or $1,000,000. If you elect an amount that exceeds the guaranteed issue amount of $150,000, you will need to provide Evidence of Insurability that is satisfactory to Standard Insurance Company before the excess can become effective. ***You must complete the Beneficiary Designation section on side 2 of this form.***

Use the rate chart and calculation line below to determine your Monthly (12) 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+
Rate	$0.06	$0.06	$0.08	$0.09	$0.11	$0.19	$0.30	$0.51	$0.66	$1.65	$2.06	2.06

☐ I elect to **enroll** in the Additional Life plan at the Monthly (12) cost below.**

_____ ÷ $1,000 = _____ x _____ = $_____

Elected Benefit Amount* | Rate Above | Your Monthly (12) Cost**

☐ I elect to **decline** the Additional Life plan.

*Elected benefit amount is rounded to next $1,000
**Your cost may change if your age category or salary changes within the benefits plan year. Category is based on age as of Jan. 1.
Note: Benefit reductions begin at age 70. Please see your benefits administrator for further information

Additional Life Insurance (Spouse or Domestic Partner) - If you elect the Additional Life plan for yourself, you may elect Additional Life coverage for your spouse or domestic partner. If you elect an amount that exceeds the guaranteed issue amount of $25,000, your spouse or domestic partner will need to provide evidence of good health that is satisfactory to Standard Insurance Company before the excess can become effective. Your election may be made in increments of $5,000 to a maximum of $500,000 but may not exceed 50% of your approved election. Additional spouse or domestic partner rates and premiums are based on the employee's age, not the spouse or domestic Partner's age.

Use the rate chart above and calculation line below to determine your Monthly (12) cost for this coverage.*

☐ I elect to **enroll** my Spouse/Domestic Partner in the Additional Life plan at the Monthly (12) cost below.*

_____ ÷ $1,000 = _____ x _____ = $_____

Elected Benefit Amount | Rate Above | Your Monthly (12) Cost*

☐ I elect to **decline** the Additional Life plan for my Spouse/Domestic Partner.

SPOUSE OR DOMESTIC PARTNER:

First Name	Last Name	Gender	Date of Birth

Additional Life Insurance (Children) - If you elect the Additional Life plan for yourself, you may elect Additional Life coverage for your Dependent Child(ren) from date of live birth to age 19 (age 24 if a full time student) in the amount of $10,000.

☐ I elect to **enroll** my dependent child(ren) in the Additional Life plan for $10,000 at the Monthly cost of $0.65 per member.

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

CHILD:

First Name	Last Name	Gender	Date of Birth

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." The amounts must add up to 100%.

Basic Life Beneficiary:

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

Employee Additional Life Beneficiary:

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

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 The University of Toledo - Health Science Campus's Group Additional Life Insurance plans. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Standard Insurance Company and understand my request for coverage may be denied.

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 on a full-time basis.

I am aware that if participation requirements are not met, this plan will not be implemented and the coverage elected will not be in force.

Signature: _____ **Date:** _____

PLEASE SIGN AND RETURN FORM TO HUMAN RESOURCES

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