

**EMPLOYEE INFORMATION**

Name		Soc Sec Number		
Address				
Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Hire	Banner ID	

**ENROLLMENT INFORMATION - EMPLOYEE COVERAGE**

Type of Enrollment (check one):  Initial Enrollment  Change in coverage<sup>1</sup>  Cancel Supplemental coverage  Change beneficiary designation

**REQUESTED AMOUNT**

<input type="checkbox"/> Basic Life/AD&D only	<input type="checkbox"/> 1x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 2x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 3x annual salary – Supplemental Life/AD&D
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Rates for the Employee Supplemental Life/AD&D coverage are on the back of this form or in the Employee Benefit Handbook.

<sup>1</sup> You may need to provide evidence of good health that is satisfactory to Hartford Life before the coverage can become effective. This does not apply to coverage on children.

**ENROLLMENT INFORMATION - DEPENDENT COVERAGE**

Type of Enrollment (check one):  Initial Enrollment  Change in coverage<sup>1</sup>  Cancel Supplemental coverage

REQUESTED AMOUNT (Life Only)	12-MONTH EMPLOYEE COST PER PAY	9-MONTH EMPLOYEE COST PER PAY
<input type="checkbox"/> No coverage	\$ 0.00	\$ 0.00
<input type="checkbox"/> \$20,000 Spouse/Domestic Partner/Other Eligible Person and \$10,000 Per Child <small>(Other Eligible Person eligibility as determined by the employer)</small>	\$ 2.25	\$ 3.00
<input type="checkbox"/> \$20,000 Spouse/Domestic Partner/Other Eligible Person Only <small>(Other Eligible Person eligibility as determined by the employer)</small>	\$ 1.50	\$ 2.00
<input type="checkbox"/> \$10,000 Per Child Only	\$ 0.75	\$1.00

**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. If you need assistance, contact your benefits administrator or your own legal counsel. 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." If a Trust is named, please indicate the date the Trust was established.

*The beneficiary for Life/AD&D 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.*

Full Name	Address	Soc Sec Number	Relationship	Date of Birth	%
<b>Primary</b>					
<b>Contingent</b>					

I have been given the opportunity to enroll in the Supplemental Life/AD&D coverage. 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 Hartford Life and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages. I understand the benefit I have elected is limited to the maximum benefit available under the policy. I further understand that the Supplemental Life plan only covers eligible dependents as defined under the insurance policy.

Signature	Date
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## Supplemental Life / AD&D Rates for Employee Coverage

Age	12 Month Employee Rates			9 Month Employee Rates		
	Total Monthly Rate	University Monthly Subsidy	Employee Monthly Rate	Total Monthly Rate	University Monthly Subsidy	Employee Monthly Rate
<25	\$.07	\$.002	<b>\$.068</b>	\$.093	\$.003	<b>\$.09</b>
25 - 29	\$.08	\$.002	<b>\$.078</b>	\$.107	\$.003	<b>\$.104</b>
30 - 34	\$.10	\$.003	<b>\$.097</b>	\$.133	\$.004	<b>\$.129</b>
35 - 39	\$.11	\$.003	<b>\$.107</b>	\$.15	\$.004	<b>\$.143</b>
40 - 44	\$.12	\$.004	<b>\$.116</b>	\$.16	\$.005	<b>\$.155</b>
45 - 49	\$.17	\$.005	<b>\$.165</b>	\$.227	\$.007	<b>\$.220</b>
50 - 54	\$.25	\$.008	<b>\$.242</b>	\$.333	\$.01	<b>\$.323</b>
55 - 59	\$.45	\$.014	<b>\$.436</b>	\$.60	\$.018	<b>\$.582</b>
60 - 64	\$.617	\$.019	<b>\$.598</b>	\$.823	\$.025	<b>\$.798</b>
65+	\$.759	\$.072	<b>\$.687</b>	\$1.012	\$.096	<b>\$.916</b>

### To Figure Cost for 1X Annual Salary

1. Indicate your base annual salary rounded up to next \$1,000 <i>(For example, if your salary is \$30,649, round it up to \$31,000)</i>	\$
2. Divide the amount from Step 1 by 1,000 <i>(For example, \$31,000 / 1,000 = 31)</i>	
3. Multiply the amount from Step 2 by the Employee Monthly Rate based on your age and your status <i>(For example, if you are age 35 and a 12-month employee, multiply 31 by \$.107 to get \$3.32)</i> <b>This is your estimated monthly cost.</b>	\$
4. To get your cost per pay, take the amount in Step 3 and divide by 2. <i>(For example, \$3.32 divided by 2 equals \$1.66)</i> <b>This is your estimated cost per pay period.</b>	\$

### To Figure Cost for 2X Annual Salary

1. Round up your base annual salary to the next \$1,000 and multiply that amount by 2. <i>(For example, if your salary is \$30,649, round it up to \$31,000, and multiply by 2 to get \$62,000)</i>	\$
2. Divide the amount from Step 1 by 1,000 <i>(For example, \$62,000 / 1,000 = 62)</i>	
3. Multiply the amount from Step 2 by the Employee Monthly Rate based on your age and your status <i>(For example, if you are age 35 and a 12-month employee, multiply 62 by \$.107 to get \$6.63)</i> <b>This is your estimated monthly cost.</b>	\$
4. To get your cost per pay, take the amount in Step 3 and divide by 2. <i>(For example, \$6.63 divided by 2 equals \$3.32)</i> <b>This is your estimated cost per pay period.</b>	\$

### To Figure Cost for 3X Annual Salary

1. Round up your base annual salary to the next \$1,000 and multiply that amount by 3. <i>(For example, if your salary is \$30,649, round it up to \$31,000, and multiply by 3 to get \$93,000)</i>	\$
2. Divide the amount from Step 1 by 1,000 <i>(For example, \$93,000 / 1,000 = 93)</i>	
3. Multiply the amount from Step 2 by the Employee Monthly Rate based on your age and your status. <i>(For example, if you are age 35 and a 12-month employee, multiply 93 by \$.107 to get \$9.95)</i> <b>This is your estimated monthly cost.</b>	\$
4. To get your cost per pay, take the amount in Step 3 and divide by 2. <i>(For example, \$9.95 divided by 2 equals \$4.98)</i> <b>This is your estimated cost per pay period.</b>	\$