Request For Group Basic Life Insurance

with Supplemental Life Coverage

Company Name: ______________________________ **Policy Number:** ______________

BASIC LIFE BENEFITS

Coverage Effective Date:

Rate Guarantee: ☐ 12 months ☐ 24 months ☐ 36 months

Eligibility: PLEASE TYPE EXACTLY AS IT SHOULD APPEAR IN THE CONTRACT (Ex. All Active Full-Time Employees)

Class 1

Class 2

Definition of Full-time Employment:
Minimum number of hours for full-time eligibility _____ hrs/ wk

Number of Eligible Employees:

Number of Employee Enrolled:

Service Waiting Period for Employees: (Applicable to employees who have not satisfied the Service Waiting Period on or before the policy effective date)

_____ ☐ Days ☐ Weeks ☐ Months ☐ No Waiting Period

Coverage begins:
☐ 1st of the month following completion of waiting period
☐ Immediately upon completion of waiting period
☐ Other: _____

Earnings Definition:
☐ Salary Only ☐ W-2 ☐ K-1 ☐ Salary and Bonuses** ☐ Salary and Commissions** ☐ Salary, Commissions & Bonuses**
** Commissions or bonuses averaged over: ☐ 12 months ☐ 24 months

FMLA (Family Medical Leave Act): Include FMLA information in your policy? ☐ yes ☐ no

Employer Contribution: Basic Life ______%

Basic Life Benefit Amount:

Class 1:

Class 2:

Maximum Issue Limits: Basic Life $ _____________

Important Note: Quoted Rate(s) may be impacted based on final census rating or optional benefits chosen.

Basic Life Quoted Rate: $ _____ per $1,000

ADEA Reduction Schedule:
☐ 35% at age 65 & 50% at age 70 ☐ 50% at age 70 ☐ Other

Accelerated Death Benefit (Employee Only): ☐ yes ☐no Life Expectancy: ☐ 6 months ☐ 12 months

Benefit Percentage: ☐ 50% ☐ 70% Maximum Benefit Amount: ☐ $100,000 ☐ $150,000 ☐ Other

Prior Carrier Information (If applicable): ☐ No Prior Coverage **(A copy of prior plan certificate must accompany the Request for Insurance)**

Name of Prior Carrier	Policy Termination Date	How long was the coverage in force?

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Additional Life Benefits

The following are Additional Life benefits that may be added to your policy. Addition of these benefits may increase your final rates. Please contact your local sales office representative for additional explanation of these benefits.

Additional Life Benefits.

Employee Assistance Program: Would you like to include the Employee Assistance Program (EAP) in your policy? ☐ Yes ☐ No
Important Note: There is a $.73 per employee per month charge for this service. This charge is in addition to the insurance premium.

Disability Benefit: (choose one: Waiver of Premium, Continuation of Insurance or Extended Death Benefit) ☐ No Waiver of Premium
☐ Waiver of Premium – premium waived to age 65 (standard) ☐ Continuation of Insurance – employer pays employee's premium during total disability
Definition of Disability: (applicable to Waiver of Premium or Continuation of Insurance only)
Elimination period: ☐ 3 months, ☐ 6 months, ☐ 9 months (standard), or ☐ 12 months
Definition of Total Disability: ☐ Any Occupation ☐ 24 month Own Occupation, Any Occupation Thereafter

☐ Extended Death Benefit – premium waived for 12 months Elimination period - ☐ 3 months (standard) or ☐ other _____
Definition of Total Disability - ☐ Any Occupation ☐ 24 month Own Occupation, Any Occupation Thereafter

Portability (choose one: 3-Year Portability, Pathway Portability or No Portability Included) ☐ No Portability Benefit Included
☐ 3-Year Portability – continuation of supplemental insurance for 3 years at group rate
☐ Pathway Portability – employees are given "portability" options.
1) Continuation of supplemental insurance at group rate for 3-years only; or
2) Continuation of supplemental insurance for first 3-years at group rate and subsequent years at portability rates. Evidence of Insurability is required.

Life Education Benefit: ☐ yes ☐ no Payment percentage: ☐ 2% (standard) ☐ 5% ☐ 10%
Up to four (4) annual payments for each qualifying dependent of a deceased employee.

Supplemental Life Quoted Rates

***Employee and Spouse Quoted Rates:**

Age Band:	Rate:	Age Band:	Rate:	Age Band:	Rate:	Age Band:	Rate:	Age Band:	Rate:
0-24	$	30-34	$	40-44	$	50-54	$	60-64	$
25-29	$	35-39	$	45-49	$	55-59	$	65-69	$
								70+	$

Rates Quoted Per $ 1,000
***Important Note: Quoted Rate(s) may be impacted based on final census rating or optional benefits chosen.**

If Spouse or Child rates were quoted as a Dependent Unit rate, please check here ☐ ***Child Supplemental Life Quoted Rate: $________**

***Spouse Supplemental Life Quoted Rate $________**

SUPPLEMENTAL LIFE BENEFITS.

# of Eligible EE:	**# of Enrolled EE:**	**ER Contribution:** Dependent _______ % Employee _______ %

Employee Supplemental Life Benefit Amount:	**Dependent Life Benefit Amount:**
Class 1:	**Spouse Benefit Amount:**
Class 2:	**Child Benefit Amount:**

Supplemental Maximum Benefit: Employee Supplemental Life $ ___________ Spouse Life $ _________ Child Life $ _________

Combined Maximum Benefit (Basic/Supplemental): $ __________

Combined Guaranteed Issue: Employee Basic/Supplemental Life $ ___________ Spouse Life $ _________ Child Life $ _________