



# Supplemental Life Insurance

## Enrollment Form Instructions

**1. Employee Information** -- Complete as indicated.

**2. Request for Supplemental Life Insurance**

- A. Amount Already in Effect -- To be completed if you have previously enrolled in the plan. You can verify your current coverage by referring to U-View through Agora.
- B. Guaranteed Issue Amount -- If you are a new employee, within 60 days of your hire date you may elect an insurance amount (in \$1,000 increments) up to 1 times your base annual salary. The effective date will normally be the first of the month following receipt of the completed form. Indicate the amount you elect on line B. [NOTE: If you do not elect to participate within 60 days, you will have to submit evidence of good health that is acceptable to Aetna in order to participate in the future.]

If you are a current employee and you are already participating in the plan, you may elect up to an additional 1 times your base annual salary during the Open Enrollment period without submitting any evidence of good health. [Note: If the total of A + B exceeds \$250,000, an Evidence of Insurability Statement (Health Statement) will be required for the amount over \$250,000.]

Current employees not participating in the plan may request coverage by completing a Health Statement. The coverage will be effective only after approval by Aetna.

- C. Additional Amount -- You may apply for insurance (in \$1,000 increments) above the Guaranteed Issue limit, but must enclose a completed Health Statement available from the Benefits Office. The Additional Amount will become effective only after Aetna reviews and approves the request. The review will not affect amounts available under the Guaranteed Issue. Indicate the amount you are requesting on line C.
- D. Total Amount Requested -- This line is the total of A, B & C, and may not exceed the lesser of 4 times your annual base pay or \$500,000.

**3a. Primary Beneficiary** -- You must list at least one Primary Beneficiary.

**3b. Contingent Beneficiary** -- A Contingent Beneficiary is optional and would receive a benefit only if no Primary Beneficiary were living. Unless otherwise noted, all persons listed together in either the Primary or Contingent sections would share the death benefit equally.

**4. Certification and Authorization** -- Please read, sign, and date.