

## **Dependent Life Insurance**

### **Enrollment Form Instructions**

Dependent coverage is available in one to three “Units.” Each Unit of insurance covers your spouse and/or eligible children. An eligible child is an unmarried child who is over 14 days old, but under 23 years of age. Your children include your biological children, your adopted children, your stepchildren, and any other children you support who live with you in a parent-child relationship. Children who are handicapped when reaching the limiting age of 23 may be eligible to continue their coverage with approval from Aetna. [Note: No person may be covered as a dependent of more than one employee. Also, a spouse may not be covered as a dependent if the spouse is an employee of Boston College and is eligible for Supplemental Life coverage through the Boston College plan.]

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

**2. Request for Dependent Life Insurance**

- Circle the answer for the number of Units you currently have.
- Indicate the total number of Units desired, including the number already in effect, if any. If you are a new employee, you may elect 1 Unit of Dependent Insurance within 60 days of your hire date without submitting evidence of good health. If more than 1 Unit is requested, an Evidence of Insurability Statement (Health Statement) must be completed for each eligible dependent. The additional requested Unit will become effective only after approval by Aetna.

If you are a current employee and you already have 1 or 2 Units of insurance, you may elect 1 additional Unit during the Open Enrollment period without submitting evidence of good health.

Current employees not participating in the plan may request coverage by completing a Health Statement for each dependent to be covered.

**3. Eligible Dependents to be Insured**

- List the names, Social Security numbers, and birth dates of all the dependents to be insured. Indicate ‘son’ or ‘daughter’ for each child. If a child does not have a Social Security number, write “None.”

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