



ARCHDIOCESE OF ST. LOUIS

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Hartford Customer Service 1.800.523.2233

Policy # 677885

Voluntary Life Insurance Form

Name: _____
 Date of Birth: _____
 Date of Hire: _____
 Social Security#: _____
 Occupation: _____
 Gender: _____
 Marital Status: _____

For Employer Use Only:

Location Code #: _____
 Employer Name: _____
 Salary: Not required, default to \$1- annual

Enroll Change Cancel Effective Date: _____

Voluntary Life Insurance - Employee

You have the opportunity to enroll in Archdiocese of St. Louis's Voluntary Life Insurance plan. You may elect coverage in **\$10,000** increments up to a maximum of \$300,000. **If you are a new hire and enrolling within 31 days of your date of hire, you are guaranteed coverage up to \$100,000. If you elect coverage greater than \$100,000, you are required to complete a Personal Health Application and be approved for the extra coverage. If you are enrolling after your 31 day enrollment period, you are considered a late enrollee and will need to complete a Personal Health Application and be approved for any amount of coverage.**

Use the rate chart and calculation line below to determine your monthly cost for this coverage. The following costs should be calculated based on your age.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	.064	.073	.079	.109	.153	.26	.448	.689	.969	1.367	2.135

I elect to **enroll** in the Voluntary Life plan at the monthly cost below.

$$\frac{\text{Elected Benefit Amount in } \$10,000 \text{ Increments}}{\$1,000} = \text{_____} \times \text{Rate Above} = \$ \text{_____} \text{ My Monthly Cost}$$

I elect to **decline** the Voluntary Life plan.

Note: Benefits will automatically reduce to 65% of your elected amount on July 1 following the date you turn age 70, to 45% at age 75 and to 30% at age 80.

Voluntary Life Insurance – Spouse

If you elect the Voluntary Life Insurance for yourself, you may elect Voluntary Life Insurance for your Spouse. Your election may be made in increments of **\$5,000** to a maximum of \$150,000 but may not exceed 50% of your approved election. If you are a timely applicant, your spouse is guaranteed coverage up to \$25,000. If electing coverage as a late enrollee or over \$25,000, a *Personal Health Application* will need to be completed and approved before coverage is effective.

Voluntary Spouse rates and premiums are based on the employee's age not the spouse's age. Use the rate chart and calculation line below to determine your monthly cost for this coverage.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	.064	.073	.079	.109	.153	.26	.448	.689	.969	1.367	2.135

I elect to **enroll** my Spouse in the Voluntary Life plan at the monthly cost below.

$$\frac{\text{Elected Benefit Amount in } \$5,000 \text{ Increments}}{\$1,000} = \text{_____} \times \text{Rate Above} = \$ \text{_____} \text{ My Monthly Cost}$$

I elect to **decline** the Voluntary Life plan for my Spouse.

Spouse First Name	Spouse Last Name	Gender	Marriage Date	Birth Date	Social Security#

Voluntary Life Insurance - Child(ren)

If you elect the Voluntary Life Insurance for yourself, you may elect Voluntary Life coverage for your Dependent Child(ren). Your election may be made in increments of \$5,000 to a maximum of \$15,000. Children are covered from age 14 days to their 26th birthday regardless of student status.

The monthly cost for children is \$1.00 per \$5,000 unit of coverage. One premium will insure all your eligible children, regardless of the number of children you have.

I elect to **enroll** my dependent child(ren) in the Voluntary Life plan at the monthly cost below.

$$\frac{\text{Elected Benefit Amount}}{\$5,000} = \text{_____} \times \frac{1.00}{\text{Rate}} = \$ \text{_____} \text{ My Monthly Cost}$$

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

Child First Name	Child Last Name	Gender	Birth Date	Social Security#

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."

	Full Name	Address	SSN #	Relationship	Birth date	%
Primary						
Contingent						

For Spousal or child life coverage, benefits payable for a spouse or child(s) death are payable to you, if living. If you are deceased, Hartford may pay the benefit to your surviving spouse or to the executors or administrators of the estate. A beneficiary for employee Life Insurance may be changed upon written request.

Employee Confirmation

I have been given the opportunity to enroll in Archdiocese of St. Louis's Group Voluntary Life Insurance plan. 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 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.

Signature: _____ **Date:** _____

Email: _____

- Instructions: 1. Please fax or give the completed form to your Benefits Administrator at your parish/office/agency/school.
2. Keep a copy for your records.