



Basic and Additional Life Insurance Enrollment Form

UNUM LIFE INSURANCE COMPANY

Basic Employee Information:

Name: _____ Social Security #: _____
 Salary: _____ Date of Birth: _____
 Date of Hire: _____

Dependent Life Insurance

May be elected in a flat amount of \$10,000 for your spouse and either \$5,000 or \$2,000 for your dependent child(ren).

Please select one:

- I elect to **enroll** my Dependents in the Dependent Basic Life Insurance Option 1: \$10,000 for my spouse & \$2,000 for each child at the monthly rate \$1.99 if 12-month, or \$2.65 if 9-month.
- I elect to **enroll** my Dependents in the Dependent Basic Life Insurance Option 2: \$10,000 for my spouse & \$5,000 for each child at the monthly rate of \$2.27 if 12-month, or \$3.03 if 9-month
- I elect to **decline** the Dependent Basic Life Insurance.

SPOUSE :

First Name	Last Name	Gender	Date of Birth

CHILD:

First Name	Last Name	Gender	Date of Birth

Additional Life Insurance

Employee Additional Life Insurance - You have the opportunity to enroll in The University of Toledo - Main Campus's Additional Life Insurance plan. Your election will be in the amount of .82 times base annual salary for 12-month employees or 1 times base annual salary for 9-month employees. If you elect an amount that exceeds the guaranteed issue amount of \$50,000, you will need to provide Evidence of Insurability that is satisfactory to UNUM Life Insurance Company before the excess can become effective or you may elect the guarantee issue amount of \$50,000. **You must complete the Beneficiary Designation section on side 2 of this form.**

Use the rate chart and calculation line below to determine your monthly cost for this coverage.*

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.08	\$0.08	\$0.11	\$0.12	\$0.15	\$0.25	\$0.40	\$0.68	\$0.88	\$2.20	\$2.75	2.75

- I elect to **enroll** in the Additional Life plan at the Monthly cost below**.

$$\frac{\text{Elected Benefit Amount*}}{\$1,000} = \text{_____} \times \frac{\text{Rate Above}}{\text{_____}} = \frac{\$}{\text{Your Monthly Cost**}}$$

- .82 x base salary 12-month
- 1 x base salary 9-month

- I elect to **decline** the Additional Life plan.

*Elected benefit amount is rounded to next \$1,000
 **Your cost may change if your age category or salary changes within the benefits plan year. Category is based on age as of January 1.
 Note: Benefit reductions begin at age 70. Please see your benefits administrator for further information

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." The amounts must add up to 100%.

Beneficiary:

	Full Name	Address	SSN	Relationship	D.O.B.	%
Primary						
Contingent						

The beneficiary for life 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. A beneficiary for employee Life Insurance may be changed upon written request.

Employee Confirmation

I have been given the opportunity to enroll in The University of Toledo - Main Campus's Group Additional Life Insurance plans. I understand that if I decline now, but later decide to enroll, I will be required to provide Evidence of Insurability that is satisfactory to UNUM Life Insurance Company 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.

I am aware that if participation requirements are not met, this plan will not be implemented and the coverage elected will not be in force.

Signature: _____ **Date:** _____