

# USAbLe Life

## ENROLLMENT/CHANGE FORM City & Borough of Juneau

Policyholder Information (to be completed by the policyholder)							
Policy Number <b>AK 50018431</b>	Division Number – Please check one box <input type="checkbox"/> 0000 and 5000 City & Borough of Juneau <input type="checkbox"/> 0002 and 5002 Bartlett Regional Hospital						
Class	Job Title	Date of Hire	Effective Date	Hours Worked Per Week			
Employee's Annual Salary \$		Reason For Change					
Application Type	<input type="checkbox"/> Initial Request <input type="checkbox"/> Late Applicant <input type="checkbox"/> Annual Enrollment <input type="checkbox"/> Change in Status <input type="checkbox"/> Increase <input type="checkbox"/> Drop Coverage	Date of Event					
Section 1 – Insured Information (to be completed by the employee)							
Employee Information							
Employee Name:      (Last)      (First)      (MI)			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Your Home Address	Street	City	State	Zip			
Social Security Number –      –	Date of Birth	Home Phone (      )      –	Work Phone (      )      –				
Coverage Provided To You By Your Employer:							
Basic Life and AD&D Insurance - \$5,000 Dependent Life Insurance: <input type="checkbox"/> None <b>OR</b> <input type="checkbox"/> Yes Spouse – \$5,000      Child(ren) Live 14 days to age 25 – \$2,000							
<b>Additional Coverage You May Select (check box either NONE or YES)</b> You will be eligible for coverage on the first of the month following date following date of hire.							
<b>Employee Voluntary Life and Voluntary AD&amp;D (packaged benefits, not offered separately)</b> \$25,000 increments to a maximum of \$300,000 not to exceed seven times your annual salary. If you apply for coverage within the 31-day limit, you are eligible to receive the first \$100,000 without supplying evidence of insurability. <input type="checkbox"/> None <b>OR</b> <input checked="" type="checkbox"/> Yes Amount Applied For \$_____							
Beneficiary Designation (Employee is the beneficiary for dependent coverage)							
Beneficiary Name(s) Please provide full legal name of beneficiary (Example Helen Louise Jones not Mrs. H.L. Jones) Use a separate sheet for additional beneficiaries, if necessary. If more than one beneficiary is named, payment will be made in equal amounts unless otherwise stated in writing.							
<input type="checkbox"/> Primary Beneficiary Name:			Relationship:				
			Percentage:				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Beneficiary Name:			Relationship:				
			Percentage:				

# USABLE Life

## ENROLLMENT/CHANGE FORM City & Borough of Juneau

### Internal Use Only

#### Employee:

☐ Approved Effective Date: \_\_\_\_\_  
☐ Declined Effective Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

#### Spouse:

☐ Approved Effective Date: \_\_\_\_\_  
☐ Declined Effective Date: \_\_\_\_\_

### Employee Signature

I represent that the information provided above is true and correct. I request the Group Insurance for which I am entitled of for which I may become entitled under the provisions of the Group Policy or Policies issued by the insurer, and I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance. If I waive my rights to be insured under for coverages where I am required to contribute to the cost, I am aware that I must furnish evidence of insurability to the insurer, at my own expense, if I should apply at a later date.

Employee Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

#### Warning:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### Voluntary Life & Accidental Death and Disability-City and Borough of Juneau

Rates Effective 7/1/2013



### Voluntary Life & ADD - Employee

AGE	Monthly Rate per \$1,000 of benefit	Monthly Premium (Based on Level Coverage) Example											
		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000	\$275,000	\$300,000
<30	\$0.14	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00	\$24.50	\$28.00	\$31.50	\$35.00	\$38.50	\$42.00
30-34	\$0.14	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00	\$24.50	\$28.00	\$31.50	\$35.00	\$38.50	\$42.00
35-39	\$0.17	\$4.25	\$8.50	\$12.75	\$17.00	\$21.25	\$25.50	\$29.75	\$34.00	\$38.25	\$42.50	\$46.75	\$51.00
40-44	\$0.24	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$54.00	\$60.00	\$66.00	\$72.00
45-49	\$0.39	\$9.75	\$19.50	\$29.25	\$39.00	\$48.75	\$58.50	\$68.25	\$78.00	\$87.75	\$97.50	\$107.25	\$117.00
50-54	\$0.61	\$15.25	\$30.50	\$45.75	\$61.00	\$76.25	\$91.50	\$106.75	\$122.00	\$137.25	\$152.50	\$167.75	\$183.00
55-59	\$0.94	\$23.50	\$47.00	\$70.50	\$94.00	\$117.50	\$141.00	\$164.50	\$188.00	\$211.50	\$235.00	\$258.50	\$282.00
60-64	\$1.37	\$34.25	\$68.50	\$102.75	\$137.00	\$171.25	\$205.50	\$239.75	\$274.00	\$308.25	\$342.50	\$376.75	\$411.00
65-69	\$1.96	\$49.00	\$98.00	\$147.00	\$196.00	\$245.00	\$294.00	\$343.00	\$392.00	\$441.00	\$490.00	\$539.00	\$588.00
70-74	\$2.77	\$69.25	\$138.50	\$207.75	\$277.00	\$346.25	\$415.50	\$484.75	\$554.00	\$623.25	\$692.50	\$761.75	\$831.00
74-79	\$4.02	\$100.50	\$201.00	\$301.50	\$402.00	\$502.50	\$603.00	\$703.50	\$804.00	\$904.50	\$1,005.00	\$1,105.50	\$1,206.00

Benefit costs are calculated from the employees age.

Employees may elect increments of \$25,000 to a maximum of \$300,000 or 7 times annual salary.

Employee benefits in excess of \$100,000 require satisfactory evidence of insurability.