



Section A. Coverage Amount and Premium Calculation (See example on the back):

1. Determine the *Coverage Amount* that you think is right for you and your dependents. (Note the maximum limits ⁽¹⁾ below.)
2. Divide the *Coverage Amount* by the # of *Increments*, i.e. \$100,000 for an employee=10 increments (\$100,000 divided by \$10,000=10)
3. Multiply the number of increments by your Rate using the Table of Rates →

Note: Calculate you and your spouse's "insurance age" by subtracting your birth year from the current year.

| | <u>\$ Coverage Amount</u> ^{(1) (2)} | <u># of Increments</u> | | <u>Rate (see Table)</u> | = | <u>Cost</u> |
|--------------------------------------|--|------------------------|---|-------------------------|---|-------------|
| Employee ^{(1) (2)} : | \$ _____ In increments of \$10,000 ^{(1) (2)} | _____ | X | \$ _____ | = | \$ _____ |
| Spouse ^{(1) (2)} : | \$ _____ In increments of \$5,000 ^{(1) (2)} | _____ | X | \$ _____ | = | \$ _____ |
| Children ⁽¹⁾ : | \$ _____ In increments of \$2,000 ⁽¹⁾ | _____ | X | \$ _____ | = | \$ _____ |
| Total Premium per Month = | | | | | | \$ _____ |

Table of Rates

| Employee and Spouse's "Insurance Age" | Employee per \$10,000 | | Spouse per \$5,000 |
|---------------------------------------|-----------------------|--------------|---------------------|
| | Non-tobacco user | Tobacco user | Tobacco user or not |
| Less than 30 | \$0.71 | \$1.06 | \$0.52 |
| 30 - 34 | 0.79 | 1.18 | 0.55 |
| 35 - 39 | 1.06 | 1.70 | 0.72 |
| 40 - 44 | 1.47 | 2.60 | 1.02 |
| 45 - 49 | 2.35 | 4.12 | 1.61 |
| 50 - 54 | 3.59 | 6.91 | 2.53 |
| 55 - 59 | 5.83 | 9.69 | 3.86 |
| 60 - 64 | 8.65 | 13.47 | 6.75 |
| 65 - 69 | 15.08 | 22.37 | 11.69 |
| 70 - 74 | 27.19 | 39.29 | 20.86 |
| 75 and over | 55.63 | 71.77 | 40.99 |

Section B. Basic Information

Employee Name: _____ SSN _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Date of Birth: _____ Sex: Male Female

Date of Employment: _____ Hours Worked: _____ per _____ Annual Earnings: _____

Have you used any tobacco products in the last 12 months? Yes No

If enrolling your spouse:

Spouse's Date of Birth: _____ Has your spouse used any tobacco products? Yes No

If enrolling children

Full-time students? Yes No

Children – \$0.47 per \$2,000 increment
One rate covers all eligible children in the family; eligible children are defined as 'unmarried dependent children to age 19, to age 26 if full-time student'

Section C. Designate Your Beneficiary(ies)

Primary Beneficiary(ies) _____ Relation to You: _____ Benefit Percent: (%) _____

If the beneficiary(ies) named above is/are not living, then pay _____

Section D. Certification & Employee's Signature:

I certify that all statements are true to the best of my knowledge and belief. I've read and understand the INFORMATION ABOUT DELAYED EFFECTIVE DATES and EXCLUSIONS on the reverse side of this enrollment form. I authorize my employer to make the necessary after tax deductions from my salary or wages to pay the premium when my insurance becomes effective.

Signature: _____ **Date:** _____ **Home Phone:** _____ **Work Phone:** _____

⁽¹⁾ An employee may purchase insurance up to 5 times the amount of his/her salary to a maximum of \$500,000. An employee age 70 or older can choose coverage equal to 65% of his or her salary; if 75 years of age, to 50%. A spouse can purchase up to 50% of the employee's coverage to a maximum of \$250,000. Dependents are eligible for an amount up to 50% of the employee's coverage to a maximum of \$10,000 for each child from age 6 months (to age 26 if full-time students); for \$100 to \$2,000 for age 14 days to 6 months or for \$100 to \$1,000 for children from live birth to 6 months.

⁽²⁾ If you have chosen an Amount over the **Guarantee Issue Amount of \$100,000**, you will also need to complete an evidence of insurability form. The Amount over \$100,000 will be subject to medical underwriting approval. *If you need to change any of the information you have given us on this form, draw a single line through the information, write the correct information below or next to the error, and initial the change.*

PLU's Good Fit Supplemental Life Insurance, *additional information you should know:*

Premium Calculation Example for a 47-year-old non-smoker employee with a 44-year-old spouse and two children ages 8 and 11:

| | <u>\$ Coverage Amount</u> | = | <u># of Increments</u> | X | <u>Rate</u> | = | <u>Cost</u> |
|--------------------------------|--|---|------------------------|---|-------------|---|----------------|
| Employee: | \$120,000 (increments of \$10,000) | = | 12 | X | \$2.35 | = | \$28.20 |
| Spouse: | \$50,000 (increments of \$5,000) | = | 10 | X | \$1.02 | = | \$10.20 |
| Children: | \$10,000/each child (increments of \$2,000) | = | 5 | X | \$.47 | = | \$ 2.35 |
| Total Premium Per Month | | | | | | = | \$40.75 |

If you enroll within 31 days of your eligibility date, you may apply for any amount of coverage up to \$100,000 for yourself and any amount of coverage up to \$50,000 for your spouse. Any coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during the annual enrollment period of April for an effective date of June 1st and you will be required to furnish evidence of insurability for the entire amount of coverage.

Information About Delayed Effective Dates:

Employee:

Insurance will be delayed for an employee if she/he is not in active employment because of an injury, sickness, temporary lay-off, or leave of absence on the date that insurance would otherwise be effective.

Dependents:

Insurance will be delayed for a dependent if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: Newborn children are insured from live birth.

Exclusion for Suicide:

Where the cause of death is *suicide*:

- No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date of insurance; and
- No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.