



Pacific Lutheran University

Voluntary Term Life Insurance Enrollment Form

Employee Information				
Name		Employee ID Number		
Mailing address (street)		Birth date	<input type="checkbox"/> Male <input type="checkbox"/> Female	
City	State	ZIP Code	Department	
Date of Hire	Hours worked per week	Annual salary amount \$	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff/Admin	

Instructions

Please enter all required information clearly to help avoid any questions regarding your meaning.

- **Step 1:** Please enter and/or check your coverage elections and details. You may only elect and will be covered for levels of coverage included in your employer's contract.
- **Step 2:** Please sign, date and return this form to Human Resources.

Employee Voluntary Term Life Insurance

Please select the classification for your election:

- NEW HIRE:** If you are a new hire, you can purchase Voluntary Term Life Insurance in increments of \$10,000. The maximum amount you can purchase will be the lesser of 5 times your annual earnings or \$500,000. You may elect coverage up to the guaranteed issue amount of \$200,000 without providing a statement of health (SOH). Additional coverage amounts will require a SOH satisfactory to Principal before the excess can be effective.
- OPEN ENROLLMENT:** You can purchase Voluntary Term Life Insurance in increments of \$10,000. The maximum amount you can purchase will be the lesser of 5 times your annual earnings or \$500,000. If you're currently participating in this coverage, you may increase your current coverage up to an additional \$20,000 (not to exceed \$200,000) without providing a statement of health (SOH). If you declined this coverage in the past; and now are electing coverage for the first time, you may elect up to \$20,000 without a SOH. Additional coverage amounts will require a SOH satisfactory to Principal before the excess can be effective.

****ATTENTION****

Have you smoked a cigarette, cigar, used a pipe or chewing tobacco, nicotine chewing gum or snuff during the 12 months prior to today's date? You MUST check a box below to be properly enrolled:

- YES - use the Tobacco User cost below
- NO - use the Non-Tobacco User cost below

Age	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Non-Tobacco User Rates	\$0.57	\$0.67	\$1.14	\$1.90	\$3.23	\$5.80	\$8.65	\$14.30	\$21.60	\$31.70
Tobacco User Rates	\$0.72	\$0.84	\$1.44	\$2.40	\$4.08	\$7.32	\$11.90	\$18.00	\$27.20	\$40.00

To calculate your monthly cost, please use the following formula:

$$\begin{array}{ccccccc}
 \$ & \underline{\hspace{2cm}} & / \$10,000 = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\
 & \text{Life benefit amount} & & & & \text{Rate from above} & & \text{My monthly cost}
 \end{array}$$

- I elect to purchase the total amount of \$_____ in Employee Voluntary Term Life coverage.
- I decline Employee Voluntary Term Life coverage. (If declined, you can't elect coverage on your spouse and/or children)

Spouse or Domestic Partner Voluntary Term Life Insurance

Please select the classification for your election:

- NEW HIRE:** If you are a new hire and you elect Voluntary Term Life Insurance for yourself, you may elect Spouse or Domestic Partner Voluntary Term Life Insurance in increments of \$5,000. The maximum amount you can purchase will be the lesser of \$250,000 or 50% of your Voluntary Term Life Insurance. You may elect coverage up to the guaranteed issue amount of \$50,000 without providing a statement of health (SOH). Additional coverage amounts will require a SOH satisfactory to Principal before the excess can be effective.
- OPEN ENROLLMENT:** You can purchase Spouse or Domestic Voluntary Term Life Insurance in increments of \$5,000 if you are participating in the Employee Voluntary Term Life Insurance program. The maximum amount you can purchase will be the lesser of \$250,000 or 50% of your Voluntary Term Life Insurance. If you're currently participating in this coverage, you may increase your current coverage up to an additional \$10,000 (not to exceed \$50,000) without providing a statement of health (SOH). If you declined this coverage in the past; and now are electing coverage for the first time, you may elect up to \$10,000 without a SOH. Additional coverage amounts will require a SOH satisfactory to Principal before the excess can be effective.

Age	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.30	\$0.35	\$0.60	\$1.00	\$1.70	\$3.05	\$4.95	\$7.50	\$11.35	\$16.70

To calculate your Monthly cost, please use the following formula(s):

$$\frac{\$ \text{ Life benefit amount}}{\$5,000} = \text{_____} \times \text{Rate from above} = \$ \text{ My monthly cost}$$

- I elect to purchase the total amount of \$ _____ in Spouse Voluntary Term Life coverage.
- I decline Spouse Voluntary Term Life coverage.

Child Voluntary Term Life Insurance

If you purchase Voluntary Term Life Insurance on yourself, you may purchase Child Voluntary Term Life Insurance for all your Children between the ages of Live Birth and 26 years in increments of \$2,500. The maximum amount you can purchase cannot be more than \$10,000. Children between the ages of Live Birth and 6 months are limited to \$100 of coverage.

To calculate your Monthly cost, please use the following formula(s):

$$\frac{\$ \text{ Life benefit amount}}{\$2,500} = \text{_____} \times \text{Rate } \$0.15 = \$ \text{ My monthly cost*}$$

* Your monthly cost is for all your covered children

- I elect to purchase the total amount of \$ _____ Child Voluntary Term Life coverage.
- I decline Child Voluntary Term Life coverage.

Eligible Dependent Information (Complete if you have elected benefits for your spouse or children)				
Spouse's name	Birth date	<input type="checkbox"/> male <input type="checkbox"/> female	Social Security number	
Names of child	Birth date	<input type="checkbox"/> male <input type="checkbox"/> female	Social Security number	<input type="checkbox"/> foster child* <input type="checkbox"/> disabled child **
Names of child	Birth date	<input type="checkbox"/> male <input type="checkbox"/> female	Social Security number	<input type="checkbox"/> foster child* <input type="checkbox"/> disabled child **

* If foster child checked - was the child placed with you by an authorized state placement agency or by order of a court? Yes No

** When your child; who is developmentally disabled or physically handicapped, reaches/exceeds the maximum age, an Application to Continue Handicapped Child form must be completed and reviewed to determine eligibility.

Is your spouse employed by this company? Yes No

Beneficiary Designation

Please use the sections below to list the name, address, percentage and relationship of your beneficiaries. It's a good practice to name primary and contingent if you can. All primary and contingent beneficiaries; whether adults or minors, should be included below.

Primary Beneficiaries (The total percentage must equal 100% if you are listing multiple beneficiaries)			
Name		Percentage	Relationship
Street Address	City	State	Zip Code
Name		Percentage	Relationship
Street Address	City	State	Zip Code
Name		Percentage	Relationship
Street Address	City	State	Zip Code

Contingent Beneficiaries (The total percentage must equal 100% if you are listing multiple beneficiaries)			
Name		Percentage	Relationship
Street Address	City	State	Zip Code
Name		Percentage	Relationship
Street Address	City	State	Zip Code
Name		Percentage	Relationship
Street Address	City	State	Zip Code
Name		Percentage	Relationship
Street Address	City	State	Zip Code

The right to make future changes is reserved. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to Principal Life.

If you have designated any minor children as your beneficiary, you are encouraged to complete a Uniform Transfers to Minors Act form.

Employee Agreement (Read and sign)

I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse coverage, I cannot enroll after retirement.
- If I refuse life coverage; I may apply later, but my elected amount will be limited without a statement of health. Coverage will be subject to approval by Principal Life Insurance Company.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments are complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- I authorize Principal Life to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date below. I may revoke authorization for information not yet obtained. I understand data obtained will be used by Principal Life for claims administration and determining eligibility for life and disability coverage. Information will not be used for any purposes prohibited by law.
- For life coverage, I understand that as the employee, the insurance I and my dependents have applied for will begin on the effective date of coverage provided I am at work on that date. If I am not actively at work on such date, subject to the terms of the group policy, coverage may not go into effect until after my return to work. Furthermore, I understand that no insurance may become effective for any member of my family while he/she is in a period of limited activity.

A copy of this form will be as valid as the original. I declare that the information I have completed on this enrollment form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life.

Your signature X _____ Date Signed _____



Pacific Lutheran University

Group Voluntary Term Life Insurance

This summary of group voluntary term life coverage from Principal Life Insurance Company supplements any materials presented by your employer. You'll receive a benefit booklet with details about your coverage. Here is some information you need to know:

Your Benefits at a Glance	
Eligibility	<p>All faculty, administrative and staff employees regularly working the equivalent of .5 FTE annually; or more, are generally eligible to participate in the university's benefit plans.</p> <p>Eligible dependents include your spouse or qualifying domestic partner, if not hospital or home confined and provided they do not elect benefits as an employee (the term "spouse" in this material includes domestic partner), and children including those of your qualified domestic partner.</p> <p>Special eligibility requirements may exist for step, foster, adopted, legal age or other child relationships. Additional information may be necessary to determine child eligibility. Additional eligibility requirements may apply.</p>
Eligibility Waiting Period	Coverage goes into effect subject to the terms and conditions of the policy. Benefits will be effective on the first of the month following 30 days of employment. You must be Actively at Work with your employer on the day your coverage takes effect.
Your Coverage	<p>You benefit will be based on your classification below:</p> <p>NEW HIRE: If you are a new hire, you can purchase Voluntary Term Life Insurance in increments of \$10,000. The maximum amount you can purchase will be the lesser of 5 times your annual earnings or \$500,000. You may elect coverage up to the guaranteed issue amount of \$200,000 without providing a statement of health (SOH). Additional coverage amounts will require a statement of health (SOH) satisfactory to Principal before the excess can be effective.</p> <p>OPEN ENROLLMENT: You can purchase Voluntary Term Life Insurance in increments of \$10,000. The maximum amount you can purchase will be the lesser of 5 times your annual earnings or \$500,000. If you're currently participating in this coverage, you may increase your current coverage up to an additional \$20,000 (not to exceed \$200,000) without providing a statement of health (SOH). If you declined this coverage in the past; and now are electing coverage for the first time, you may elect up to \$20,000 without a SOH. Additional coverage amounts will require a SOH satisfactory to Principal before the excess can be effective.</p>
Spouse Coverage/ Domestic Partner Coverage	<p>You benefit will be based on your classification below:</p> <p>NEW HIRE: If you are a new hire and you elect Voluntary Term Life Insurance for yourself, you may elect Spouse or Domestic Partner Voluntary Term Life Insurance in increments of \$5,000. The maximum amount you can purchase will be the lesser of \$250,000 or 50% of your Voluntary Term Life Insurance. You may elect coverage up to the guaranteed issue amount of \$50,000 without providing a statement of health (SOH). Additional coverage amounts will require a SOH satisfactory to Principal before the excess can be effective.</p> <p>OPEN ENROLLMENT: You can purchase Spouse or Domestic Voluntary Term Life Insurance in increments of \$5,000 if you are participating in the Employee Voluntary Term Life Insurance program. The maximum amount you can purchase will be the lesser of \$250,000 or 50% of your Voluntary Term Life Insurance. If you're currently participating in this coverage, you may increase your current coverage up to an additional \$10,000 (not to exceed \$50,000) without providing a statement of health (SOH). If you declined this coverage in the past; and now are electing coverage for the first time, you may elect up to \$10,000 without a SOH. Additional coverage amounts will require a SOH satisfactory to Principal before the excess can be effective.</p>
Child Coverage	For eligible children 6 months of age or older, you may elect coverage in increments of \$2,500 to a maximum of \$10,000. For eligible children under 6 months of age, employees who elect child coverage receive \$100 of coverage.
Portability/Conversion	In termination situations, you will be provided with the proper forms to convert or port coverage on yourself, your spouse and your children. Upon coverage termination your employer is required to inform you of your individual purchase rights to port or convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation. You can contact Principal Life if you have any questions.

Employee Age Reductions	At age 70 your coverage amount will reduce to the lesser of 1 times earnings, or \$30,000. Age reductions apply to the benefit amount after proof of good health. Note: Age Reductions do not apply to Spouse/Domestic Partner coverage.
Coverage During Disability	If you become totally disabled before age 60, coverage will continue and premium will be waived for you and your covered dependents. You must be totally disabled for 6 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 70, whichever occurs first.
Accelerated Benefit	If you are terminally ill you can receive up to 80%, not to exceed \$250,000, of your life coverage benefit in a lump sum if: <ul style="list-style-type: none"> Your life expectancy is 24 months or less (as diagnosed by a physician). Your death benefit is at least \$10,000. When you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in your premium.
Claim/Beneficiary Information	You can name anyone as your beneficiary except your company. You can also change beneficiaries at any time. If you name a minor as a beneficiary, we encourage you to also complete a Uniform Transfers to Minors Act form. The form allows you to designate a custodian for the minor.
Rates	Your group's rates are guaranteed for 3 years. Your rate or your spouse's rate may change because of moving to a different age category. Smoker rates are based on any type of nicotine product used (cigarettes, cigars, gum, patches, chewing tobacco, etc.) in the past 12 months. You may apply for reclassification from "smoker" to "nonsmoker" when you complete 12 months without use of nicotine products. In order to be reclassified, you must provide a statement of health.

Group Voluntary Term Life Coverage

Age	Employee Monthly Rates per \$10,000 of Coverage		Spouse Monthly Rates per \$5,000 of Coverage
	Non-Smoker	Smoker	Uni-Smoker
34 & under	\$0.57	\$0.72	\$0.30
35-39	\$0.67	\$0.84	\$0.35
40-44	\$1.14	\$1.44	\$0.60
45-49	\$1.90	\$2.40	\$1.00
50-54	\$3.23	\$4.08	\$1.70
55-59	\$5.80	\$7.32	\$3.05
60-64	\$8.65	\$11.90	\$4.95
65-69	\$14.30	\$18.00	\$7.50
70-74	\$21.60	\$27.20	\$11.35
75 & over	\$31.70	\$40.00	\$16.70

Child

Coverage	Monthly Premium per Family
\$2500.00	\$0.15
\$5000.00	\$0.30
\$7500.00	\$0.45
\$10000.00	\$0.60

Calculating Your Premium

	Coverage	+	Increment	=	Units	x	Rate	=	Monthly Premium	
Employee	\$	+	\$10,000	=		x	\$	=	\$	
Spouse	\$	+	\$5,000	=		x	\$	=	\$	
Child								=	\$	
	Total Monthly Premium								=	\$

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

Note: Principal Life underwrites or provides administrative services for this coverage. Because the material is a summary of your group voluntary term life coverage, it does not state all contract provisions, restrictions of coverage, benefits by conditions or limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group contract or policy determines all rights, benefits, exclusions and limitations of the coverage described here.