



Life Insurance Enrollment Form

Voluntary Life and Dependent Life Insurance may be changed through out the year. Voluntary Accidental Death and Dismemberment may be changed during annual enrollment, or if you experience a qualifying event. A refund will not be provided for Dependent Life or Voluntary Accident Death and Dismemberment insurance, if the participant does remove an ineligible spouse and/or a dependent child(ren). A dependent child is eligible through the age of 19, unless they are a full-time student.

Personal Information

Name (Last, First, Middle Initial)

Date of Birth WFU ID Pay Period: Monthly Bi-weekly

Date of Hire Department Contact Number

Basic Life & Accidental Death and Dismemberment Insurance

This is an employer paid group life insurance plan, so no election is required. If your salary is less than \$50,000, your benefit coverage is 1.5 x salary up to \$50,000. If your salary is greater than \$50,000, your benefit coverage is 1 x salary up to \$100,000. Premiums paid by the University for life insurance greater than \$50,000 are reported as imputed income and taxable to the faculty or staff member. **You are required to complete the Beneficiary Section below.**

Voluntary Life Insurance

<input type="checkbox"/> New Coverage <input type="checkbox"/> Change of Coverage <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Waive Coverage <input type="checkbox"/> No Change to Coverage	Select coverage (choose one)	<p>Minimum coverage is \$10,000 and maximum coverage is \$500,000. During the new hire period, coverage that exceeds a total of 3x annual salary (or \$400,000) requires evidence of insurability. All coverage elected after new hire period requires evidence of insurability.</p> <p style="text-align: center;"><u>Premium Calculation</u></p> <p>Formula: salary x level / \$1,000 x rate Example: \$30,000 x 3 / \$1,000 x \$0.10 = \$9.00</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Age</th><th>Rate per \$1,000</th><th>Age</th><th>Rate per \$1,000</th><th>Age</th><th>Rate per \$1,000</th></tr> </thead> <tbody> <tr> <td>0-24</td><td>\$0.06</td><td>40-44</td><td>\$0.11</td><td>60-64</td><td>\$0.73</td></tr> <tr> <td>25-29</td><td>\$0.07</td><td>45-49</td><td>\$0.17</td><td>65-69</td><td>\$1.40</td></tr> <tr> <td>30-34</td><td>\$0.09</td><td>50-54</td><td>\$0.25</td><td>70-74</td><td>\$2.27</td></tr> <tr> <td>35-39</td><td>\$0.10</td><td>55-59</td><td>\$0.47</td><td>75-79</td><td>\$3.40</td></tr> </tbody> </table>	Age	Rate per \$1,000	Age	Rate per \$1,000	Age	Rate per \$1,000	0-24	\$0.06	40-44	\$0.11	60-64	\$0.73	25-29	\$0.07	45-49	\$0.17	65-69	\$1.40	30-34	\$0.09	50-54	\$0.25	70-74	\$2.27	35-39	\$0.10	55-59	\$0.47	75-79	\$3.40
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Voluntary Dependent Life Insurance

<input type="checkbox"/> New Coverage <input type="checkbox"/> Change of Coverage <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Waive Coverage <input type="checkbox"/> No Change to Coverage	Select coverage (choose one)	<p>Voluntary life insurance is required to elect voluntary dependent life insurance. If your spouse is employed at WFU, he/she is not eligible for this insurance plan. Spouse coverage elected after the new hire period will require evidence of insurability.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Spouse \$25,000 & Child(ren) \$10,000 <input type="checkbox"/> Spouse \$10,000 & Child(ren) \$5,000 <input type="checkbox"/> Spouse \$25,000 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Child(ren) \$10,000 <input type="checkbox"/> Spouse \$10,000 <input type="checkbox"/> Child(ren) \$5,000 </td> </tr> </table>	<input type="checkbox"/> Spouse \$25,000 & Child(ren) \$10,000 <input type="checkbox"/> Spouse \$10,000 & Child(ren) \$5,000 <input type="checkbox"/> Spouse \$25,000	<input type="checkbox"/> Child(ren) \$10,000 <input type="checkbox"/> Spouse \$10,000 <input type="checkbox"/> Child(ren) \$5,000
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Voluntary Accidental Death and Dismemberment Insurance

<input type="checkbox"/> New Coverage <input type="checkbox"/> Change of Coverage <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Waive Coverage <input type="checkbox"/> No Change to Coverage	Select coverage (choose one)	<p style="text-align: center;"><u>Monthly Cost:</u></p> <p>Employee = \$.02 (per \$1,000 of coverage) Family = \$.04 (per \$1,000 of coverage)</p> <p style="text-align: center;"> <input type="checkbox"/> Employee <input type="checkbox"/> Family </p>	Select coverage amount	<p>The amount of coverage you select must be in increments of \$10,000, not to exceed 10x your base salary, or \$500,000.</p> <p>Coverage amount: <input style="width: 80%; border: none; border-bottom: 1px solid black;" type="text"/></p>
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Beneficiary Section (Required)

PRIMARY - Name (Last, First, Middle Initial) <input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>	Date of Birth <input style="width: 20%; border: none; border-bottom: 1px solid black;" type="text"/>	SSN <input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
Relationship <input style="width: 15%; border: none; border-bottom: 1px solid black;" type="text"/> Address (full) <input style="width: 75%; border: none; border-bottom: 1px solid black;" type="text"/>	*Benefit % <input style="width: 15%; border: none; border-bottom: 1px solid black;" type="text"/>	
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Contingent - Name (Last, First, Middle Initial) <input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>	Date of Birth <input style="width: 20%; border: none; border-bottom: 1px solid black;" type="text"/>	SSN <input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
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Signature: Date: