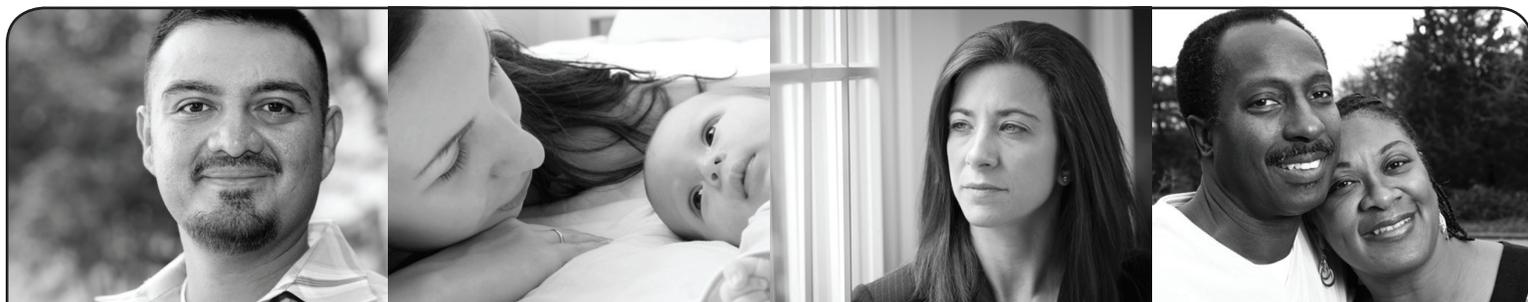


Get \$200,000 of Supplemental Life Insurance without medical questions!*



Life Insurance protection you can afford.

Your employer is looking out for you and your family. They have made the decision to offer Supplemental Life Insurance coverage so that you can protect your loved ones. You can choose to apply for \$10,000 increments to a maximum of \$500,000 (not to exceed five times your salary) of additional Life Insurance.

What is Supplemental Life Insurance?

Supplemental Life Insurance allows you to choose coverage over and beyond what your employer currently offers for Basic Life Insurance. A few benefits of electing Supplemental Life Insurance through your employer are price, convenience and plan design.

You will benefit from group rates, rather than paying for an individual policy which may be more expensive. Coverage is paid through convenient payroll deductions. Also, Waiver of Premium and Portability are included in this plan.

Can you afford coverage?

Please see the back of this form to calculate your Supplemental Life Rates.

How much Life Insurance coverage do you need?

According to U.S. News & World Report's website, common wisdom holds that you should plan on having seven to ten times your annual income as a starting point for Life Insurance.¹ To estimate your personal needs, you can use an online calculator at www.lifehappens.org.

At what age should you think about buying additional Life Insurance?

Most people know that those with a family and/or a mortgage need Life Insurance. However, many believe that unmarried young people who have no dependents or mortgage do not need Life Insurance. The reality is that when people die young, the surviving family may be unprepared for the shock. A Life Insurance policy may ease tension during that time by helping with unexpected expenses such as funeral fees, debts or medical bills not covered by insurance.

When will coverage end?

Employee Life Insurance:

Portability: This coverage contains a portability feature, which allows you to continue Basic Life or Supplemental Life Insurance if you terminate employment or retire from the County. Coverage can be continued up to age 70 after which Conversion is available. Restrictions may apply, see certificate of insurance for complete details.

Conversion: This coverage contains a conversion feature, which means that if your employment ends, you can choose to convert your group plan to an individual plan. Restrictions apply, premiums and fees may be higher and you must apply while coverage is in force.

Coverage Ends: Unless Portability or Conversion are utilized, your coverage will terminate when your employment ends or at retirement.

A few reasons why you may need Life Insurance:

Single person with no dependents:

- Funeral expenses
- Medical bills
- Debts (credit cards, student loans)
- Elderly parents you may support

Single person with dependents:

- Funeral expenses
- Medical bills
- Debts (car, mortgage)
- Childcare/Caretaker fees
- Health Insurance payment
- Elderly parents you may support
- Education costs

Couple with no dependents:

- Funeral expenses
- Medical bills
- Debts (mortgage, car)
- Elderly parents you may support

Couple with dependents:

- Funeral expenses
- Medical bills
- Debts (mortgage, car)
- Child-rearing expenses
- Health Insurance payment
- Elderly parents you may support
- Education costs

Older couple:

- Funeral expenses
- Medical bills
- Estate taxes
- Income for surviving spouse
- Debts (home, vacation home, recreational vehicle)
- Health Insurance payment
- Assets for children or grandchildren

(over)

Life Insurance Benefit Enrollment Form

Return to: St. Louis County- Payroll
 100 N 5th Ave West, Rm 201
 Duluth, MN 55802



Enter your information:				
Employer Name: St Louis County			NIS Group Number: 012324	
Full Name (Last name, First name, Middle Initial):			Date of Hire/Date status changed to Full-Time:	
Home Address:		City:		State:
Zip:				
Employee ID #: (required)	<input type="checkbox"/> Single <input type="checkbox"/> Married	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No*	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation/Title:			Hours worked per week:	

*If you are not a U.S. Citizen, please provide a copy of your Visa.

Insurance benefits:	
<input type="checkbox"/> Elect <input type="checkbox"/> Decline Employer paid if full-time, prorated if part-time	Basic Life Choose your class below. <input type="checkbox"/> St Louis County Employee <input type="checkbox"/> ARC Employee <input type="checkbox"/> CHB Employee One times annual salary rounded to the next highest \$1,000 or \$5,000; minimum of \$15,000 to a maximum of \$50,000 or \$200,000. See your labor contract for coverage details.
<input type="checkbox"/> Elect <input type="checkbox"/> Decline <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Supplemental Life Amount of requested coverage \$ _____ (include any increase/decrease). Choose \$10,000 increments up to \$500,000 or limits below if less. <ul style="list-style-type: none"> Amounts in excess of \$200,000 or increase over \$10,000 require completion of a medical questionnaire. Your annual salary x 5 = maximum supplemental life coverage available to you. Your annual salary x 7 minus basic life coverage = maximum supplemental life coverage available to you.

Sign here (required whether electing or declining any coverage):	
I have been given the opportunity to apply for group insurance and agree to accept or decline coverage(s) as noted above. If I am declining coverage(s), I understand that if my dependents or I decide to apply for coverage at a later date, Evidence of Insurability (medical questions) may be required at my own expense and the insurance company must approve coverage. If I have elected any coverage(s) above, I authorize my employer to make any required deductions, if any, from my salary to pay my portion of the insurance premium when my insurance becomes effective.	
Warning: Any person who knowingly presents false information on an application for insurance may be guilty of a crime and subject to fines, confinement in prison, and/or denial of insurance benefits.	
Signature:	Date:

For Employer Use Only:	
Annual Salary \$ _____	Coverage Amount \$ _____
Coverage Effective date or Eligibility Date _____	

Full Name:	Employer Name: St Louis County	Date:
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Enter your Life Insurance beneficiary information:

Primary Beneficiary(ies) Attach additional pages if necessary.

Full Name:	Relationship to you:	% of Benefit
Full Name:	Relationship to you:	% of Benefit
Full Name:	Relationship to you:	% of Benefit

Secondary Beneficiary(ies) Attach additional pages if necessary.

Full Name:	Relationship to you:	% of Benefit
Full Name:	Relationship to you:	% of Benefit
Full Name:	Relationship to you:	% of Benefit

Spouse's Signature (Required ONLY if choosing a primary beneficiary other than your spouse. Under state law a beneficiary other than your spouse may not be honored unless your spouse signs below. Please consult with your legal advisor before making such a designation.)

Spouse's Name:	Signature:	Date:
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Signature:	Date:
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