

HPP LIFE INSURANCE ENROLLMENT FORM



Name		Empl ID#	SS#
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University Sponsored Life Insurance

(Group Life Insurance – Beneficial Life Insurance Company, Policy 52333)

Part I is an University provided benefit that may not be waived. Part II is a prerequisite for Part III, both are optional.



BENEFICIAL LIFE

Part I Automatic

Life insurance in the amount of your annual salary up to a maximum of \$25,000. **(No cost to employee)**

Part II

Life Insurance in the amount of your annual salary up to a maximum of \$25,000. (Optional Insurance, **Employee cost = \$.25 per 1,000 per month**)

Enroll Yes No

Part III

Dependent Term Insurance in the amount of \$2,000 for your spouse and each eligible dependent. (Part II is a pre-requisite for Part III) (Optional Insurance, **Employee Cost = \$.76 per month**) The employee is the beneficiary for Part III.

Enroll Yes No

Primary Beneficiary: _____ Relationship: _____
 Contingent Beneficiary: _____ Relationship: _____

Employee Voluntary Term Life Insurance

(Group Life Insurance – Beneficial Life Insurance Company, Policy 53433)

This optional insurance allows employees to insure themselves to a maximum of \$350,000 of term life insurance and/or \$150,000 of universal life insurance with a total maximum between the two plans not to exceed \$350,000.

Has proposed insured used tobacco in any form in the past 12 months? Yes No

Supplemental Term

Minimum \$20,000 up to maximum of \$350,000 in \$5,000 increments. (Refer to plan booklet for rates.)

Life insurance amount desired \$ _____

Enroll Yes No

Group Universal*

*To receive a rate quote and additional enrollment forms you MUST call 272-5353. (Enrollment will not be processed until all additional enrollment forms are submitted.)

Minimum \$10,000 up to maximum of \$150,000 in \$1,000 increments.

Life insurance amount desired \$ _____

Daytime Phone: _____ (required)

Enroll Yes No

Primary Beneficiary: _____ Relationship: _____
 Contingent Beneficiary: _____ Relationship: _____

Dependent Voluntary Term Life Insurance

(Group Life Insurance – Beneficial Life Insurance Company, Policy 53433)

This optional insurance allows employees to insure their spouse and each eligible dependent child at the existing supplemental group term rates. The employee is required to be enrolled in Supplemental Term Insurance to participate in this option.

Spouse Supplemental Term

Has proposed insured used tobacco in any form in the past 12 months? Yes No

Minimum \$20,000 up to maximum of \$250,000 (cannot exceed amount of employee's Supplemental Term coverage amount unless employee has been denied coverage) in \$5,000 increments. (Refer to plan booklet for rates.)

Life insurance amount desired \$ _____

Enroll Yes No

Dependent Supplemental Term

\$5,000 (\$.60 per month)

\$10,000 (\$1.20 per month)

Enroll Yes No

The employee is the beneficiary for the Dependent Voluntary Term Life Insurance.

I understand I must enroll within 90 days of my date of hire or transfer into a benefits eligible position from a non-eligible position. I also understand that if I wish to add or increase levels of coverage at a later date, proof of insurability and medical underwriting will determine if the requested amount can be implemented. **I have read and understand the insurance coverage information and I agree to the terms of the plan selected with this form. I certify the information I have provided on all parts of this form is true and correct. I hereby authorize any payroll deductions of required premiums.**

Employee Signature: _____ Date: _____