

GORDON COLLEGE

Supplemental Life Insurance Enrollment Form

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Name:	Social Security #:
Salary:	Date of Birth:
Date of Hire:	Effective Date: Age:

The following costs should be calculated based on your age as of the effective date.

Supplemental Life Insurance - Employee

You have the opportunity to enroll in Gordon College's Supplemental Life Insurance plan. You may elect an amount equal to 1, 2, 3, 4, or 5 times your Basic Annual Salary, rounded to the next higher \$1,000 if not an even multiple thereof, subject to a maximum of \$500,000.

- New employees electing coverage may elect an amount up to \$125,000 without providing evidence of good health. If you elect an amount that exceeds the lesser of 3 times your salary or the guaranteed issue amount of \$125,000, you will need to provide evidence of good health that is satisfactory to Hartford Life before the coverage amount can become effective.
- If you were previously eligible, and are now electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of good health that is satisfactory to Hartford Life before any additional coverage can become effective.

You must complete the Beneficiary Designation section below.

Use the rate chart and calculation line below to determine your (24)Semi-Monthly cost for this coverage.*

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.020	\$0.020	\$0.025	\$0.035	\$0.060	\$0.095	\$0.165	\$0.270	\$0.355	\$0.565	\$0.975	\$1.675

I elect to **enroll** in the Supplemental Life plan at the (24) Semi-Monthly cost below.*

$$\frac{\text{Elected Benefit Amount}}{\text{must equal 1, 2, 3, 4, or 5 times salary}} \div \$1,000 = \text{_____} \times \text{Rate Above} = \$ \text{_____} \text{ Your (24)Semi-Monthly Cost*}$$

I elect to **decline** the Supplemental Life plan.

Note: Benefit reductions begin at age 70. Please see your benefits administrator for further information.

Supplemental Life Insurance - Spouse

If you elect the Supplemental Life plan for yourself, you may elect Supplemental Life coverage for your Spouse. Your election may be made in increments of \$10,000 to a maximum of \$250,000 but may not exceed 50% of your approved election.

- New employees electing Spouse coverage may elect an amount up to \$20,000 without providing evidence of good health. If you elect an amount that exceeds the guaranteed issue amount of \$20,000, your Spouse will need to provide evidence of good health that is satisfactory to Hartford Life before the excess can become effective.
- If your Spouse was previously eligible, and you are now electing Spouse coverage for the first time or electing to increase your Spouse's current coverage, you will need to provide evidence of good health that is satisfactory to Hartford Life before any additional coverage can become effective.

Use the rate chart and calculation line below to determine your (24) Semi-Monthly cost for this coverage.* **Supplemental Spouse rates and premiums are based on the employee's age, not the Spouse's age.**

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.020	\$0.020	\$0.025	\$0.035	\$0.060	\$0.095	\$0.165	\$0.270	\$0.355	\$0.565	\$0.975	\$1.675

I elect to **enroll** my Spouse in the Supplemental Life plan at the (24) Semi-Monthly cost below.*

$$\frac{\text{Elected Benefit Amount}}{\text{_____}} \div \$1,000 = \text{_____} \times \text{Rate Above} = \$ \text{_____} \text{ Your (24)Semi-Monthly Cost*}$$

I elect to **decline** the Supplemental Life plan for my Spouse.

SPOUSE:

First Name	Last Name	Gender	Date of Marriage	Date of Birth

*Your cost may change on the month of your birthday.

