



JEFFERSON COUNTY COMMISSION
HUMAN RESOURCES DEPARTMENT
 Voluntary Life and Accidental Death & Dismemberment (AD&D)
 ENROLLMENT / CHANGE FORM

EMPLOYEE NAME: _____ (PLEASE PRINT)

SSN: _____ PHONE: _____

ENROLLMENT - Please fill in coverage amounts/rates below.

Evidence of Insurability (EOI)* is required, and must be approved by the life insurance carrier, for enrollment after the New Hire 30-day eligibility period, re-enrollment and increases over the Guarantee Issue Amount. See attached Benefits Highlights Summary.

New Change Open Enrollment

	OLD Coverage Amount	OLD Coverage Rate	NEW Coverage Amount	NEW Coverage Rate
VOLUNTARY LIFE INSURANCE				
AMOUNT SUBJECT TO EOI (attach EOI APPLICATION)				
TOTAL VOLUNTARY LIFE (If EOI is Approved)				
VOLUNTARY AD&D				

VOLUNTARY AD&D ONLY

Family _____ Family to Single _____
 Single _____ Single to Family _____
 Single: \$0.28 per \$10,000
 Family: \$0.42 per \$10,000

VOLUNTARY LIFE ONLY

Per \$1,000, based on AGE

<30	\$0.08	50-54	\$0.49
30-34	\$0.09	55-59	\$0.78
35-39	\$0.10	60-64	\$1.01
40-44	\$0.14	65-69	\$1.90
45-49	\$0.27	70+	\$3.75

TERMINATION - Please mark the box below to indicate coverage(s) to be terminated (if applicable).

I understand that by terminating Voluntary Life Insurance or Voluntary Accidental Death and Dismemberment Insurance, I will only be able to re-enroll during an open enrollment period (unless there is a Qualifying Event) and only if those benefits continue to be offered by Jefferson County. If I voluntarily cancel my Voluntary Life insurance and choose to reapply later, EOI will be required see attached Benefits Highlights Summary. Please mark the coverage you wish to terminate below.

VOLUNTARY LIFE **VOLUNTARY AD&D**

SIGNATURE – by signing this form, you agree to the changes hereof and you acknowledge that you have received a copy of the Group Life and AD&D Benefits Highlight Summary.

Waiver of Coverage – I do not wish to enroll at this time and understand that the opportunity to enroll at any future time will be subject to Evidence of Insurability.

 (Signature)

 (Date)

**Evidence of Insurability is a record of a person's past and current health events, used by insurance companies to determine whether a person meets the definition of good health*