LAKE COUNTY BOARD OF COMMISSIONERS

GROUP INSURANCE ELECTION FORM

Policy # 407355

Name:		Social Security #:	
Date of Hire:		Annual Salary:	
Billing Division:		Date of Birth:	

IMPORTANT! *This form must be returned to your employer prior to the end of the enrollment period.*
New hire enrollment period: If your form is not signed, dated and returned *within 31 days after the effective date of this form,* you will automatically be enrolled in the employer-funded plan.

Employer funded basic Life/Accidental Death & Dismemberment

A) 20,000

Additional Employee Life

Option: Choose amounts in $10,000 increments to a maximum of $250,000 of the lesser of 5X your annual earnings

Insurance Age	Rate per $1,000
15-24	.060
25-29	.060
30-34	.060
35-39	.100
40-44	.150
45-49	.240
50-54	.380
55-59	.550
60-64	.920
65-69	1.640
70-74	2.340
75+	5.050

Calculate your cost _____ X _____ ÷ 1,000 = $ _____
Coverage Amount Age Rate Monthly Cost

☐ **_____I wish to waive enrollment in this option**

Note: Evidence of Insurability will be required if:

- Your volume (base and additional coverage combined) exceeds $150,000
- You increase your current benefit by any level increase
- You are electing additional coverage for the first time and had previously opted out of the coverage "late entrant"

Life coverage amounts that are contributory and/or medically underwritten may not be payable if you commit suicide within 24 months of your effective date of coverage. Please consult your employee booklet. See your Plan Administrator or refer to your employee booklet for details about other Life coverage exclusions.

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Beneficiary Information: Designate your beneficiary(ies) below.

Name of beneficiary (last name, first, middle initial)	Relation to You	Benefit Percent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
If the beneficiary(ies) named above are not living, then pay:		
_____	_____	_____
_____	_____	_____

Delayed Effective Date: (1) Employee – Initial insurance, and any increased or additional insurance will be delayed if an employee is not in active employment because of an injury, sickness, leave of absence or temporary lay-off on the date that insurance would otherwise be effective.

Request for Signature: I understand that by signing and submitting this form to elect coverage, I am making a binding election for my benefits and am authorizing payroll deduction from my earnings. I understand that if I decline any of the above coverages, I cannot later change my mind during the plan year and elect these coverages, unless I experience a change in status.

_____ _____

Employee Signature Date

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.