

NORTH COUNTRY COMMUNITY COLLEGE

GROUP INSURANCE ENROLLMENT FORM

Name:		Annual Earnings:	
Address:		Social Security #:	
Email Address:		Phone:	
Date of Birth:		Gender:	Effective Date:

Basic Life/ADPL Insurance - Employee

You may elect basic Life/ADPL coverage in the amount of \$25,000.

Optional Life/ADPL Insurance - Employee

You have the opportunity to elect Optional Life coverage. Your election may be made in increments of \$25,000 to a maximum of \$75,000.

- I **elect** Optional Life/ADPL coverage:
- I **decline** Optional Life/ADPL coverage.

Supplemental Life Insurance - Employee

You may elect coverage in the amount of \$25,000.

Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.105	\$0.114	\$0.162	\$0.247	\$0.399	\$0.656	\$1.055	\$1.653	\$2.65	\$4.19

$$\frac{\text{Amount elected}}{\$1,000} = \text{_____} \times \frac{\text{Rate above}}{\text{_____}} = \text{Monthly cost}$$

- I **elect** Supplemental Life coverage:
- I **decline** Supplemental Life coverage.

Beneficiary Designation

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, relationship and, if a minor, the age of that minor. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related." If you need assistance, contact Human Resources or your own legal counsel. Following are examples of the most common designations:

- Mary J. Doe, Wife (not Mrs. John Doe).
- Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares or to the survivor.
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "1/3 to Mary Jones, Mother, and 2/3 to Edith Jones, Wife."

	Full Name	Address	Relationship	D.O.B.
Primary				
Contingent				

A beneficiary for employee's Life Insurance may be changed upon written request.

Employee Confirmation

I have been given the opportunity to enroll in North Country Community Colleges group Life and Accidental Death & Personal coverages. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to the insurance carrier and understand my request for coverage may be denied.

I authorize my employer to make the appropriate payroll deductions from my wages. I am not now disabled and I am performing all the duties of my occupation on a full-time basis.

Signature: _____ **Date:** _____