

# Yavapai Combined Trust Voluntary Life Insurance Worksheet For 2017-2018 Plan Year

## Voluntary Life Insurance Schedule:

Benefits are available in \$10,000 increments not to exceed \$500,000. Your spouse may purchase up to 50% of the employee's amount in \$5,000 increments, not to exceed \$250,000. You may purchase coverage for your eligible, dependent children in flat amounts of \$2,000, \$5,000 or \$10,000. Voluntary life insurance benefits are only available on an after-tax (salary deduction) basis.

## Application Process:

If you are a new employee applying for insurance over the guarantee issue amounts or an existing employee electing coverage for the first time or increasing coverage, you will need to provide evidence of insurability (evidence of good health) by completing the medical questions and signing the bottom portion of Standard Insurance Company's Medical History Form. Some applicants may be requested to provide additional medical information or to submit to a physical exam, which may include blood testing and urinalysis.

### Guarantee Issue:

**Employee:** \$50,000

**Spouse:** \$20,000

**Child:** \$10,000

Guarantee issue amounts available only when application is made within 31 days of first becoming eligible.

**If you do not apply within 31 days of becoming eligible, evidence of insurability will be required to become insured later for any amount (unless you have a change in family status). Increases in insurance would also be subject to evidence of insurability.**

## Enrollment:

Attached is the enrollment form and a contribution worksheet to help in determining the cost of voluntary life insurance for you, your spouse and your dependent children. Below is a chart showing the monthly rates per \$1,000 of coverage you elect that you will use to determine your monthly contribution.

## Voluntary Life Insurance Rates:

Monthly Voluntary Life Insurance Rates					
For Employee and Spouse				For Children	
Age	Rate per \$1,000	Age	Rate per \$1,000	Amount	Rate
Under 20	\$0.08	55-59	\$0.80	\$2,000	\$0.20
20-24	\$0.08	60-64	\$1.03	\$5,000	\$0.50
25-29	\$0.08	65-69	\$1.74	\$10,000	\$1.00
30-34	\$0.08	70-74	\$2.53		
35-39	\$0.11	75-79	\$8.36		
40-44	\$0.19	80-84	\$8.36		
45-49	\$0.31	85-89	\$8.36		
50-54	\$0.49	90+	\$8.36		

**For Employees and Spouses:** Determine how much total coverage you want to purchase for the plan year and enter this amount in column A. Then, find your age on the above table and enter the rate in column D. To calculate the cost per month, divide column A by 1,000 (column B), and enter the result in column C. Then multiply the units (column C) by the rate in column D. Enter this amount in column E.

**For Dependent Children:** Determine how much total coverage you want to purchase for the plan year and enter this amount in column A. Then, find the benefit amount on the enclosed table and enter the rate in column E.

Add all the rates in column E and enter on the monthly total line. This is the monthly cost for all voluntary life benefits selected. Then multiply by 12 to get the annual total. If you would like to know how much the benefits will cost per pay period, divide the annual total by 24 or 26 pay periods, whichever is applicable.

**Contribution Worksheet:**

	Total Coverage Amount	Date of Birth	(B)	# of Units	Cost Per \$1,000 Unit (D)	Total Cost Per Month (E)
Employee	\$		÷ 1,000 =		\$	\$
Spouse	\$		÷ 1,000 =		\$	\$
Dependent Child	\$		N/A	N/A	N/A	\$
Monthly Total						\$
<b>Annual Total</b> (multiply monthly total by 12)						\$
<b>Per Pay Period Deduction - divide annual total by # of pay periods:</b> 24 pays for Yavapai County, Yavapai College, and City of Prescott and 26 pays for Town of Chino Valley						\$

**Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.**

<b>APPLICANT</b>	Your Name (Last, First, Middle)		Group Name <b>Yavapai Combined Trust</b>		Group Number(s) <b>641874</b>	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation	
<b>LIFE</b>	<i>Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.</i> <b>Life Insurance</b> <input checked="" type="checkbox"/> Life with AD&D Employer Paid					
	<b>Additional/Optional Life</b> <input type="checkbox"/> Additional/Optional Life    Your requested amount \$ _____					
	<b>Dependents Life Insurance</b> <input type="checkbox"/> Spouse requested amount \$ _____ Spouse Name _____ Date of Birth _____ <input type="checkbox"/> Children requested amount \$ _____					
<b>BENEFICIARY</b>	<i>This designation applies to Life/Life with AD&amp;D Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.</i>					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
<b>CHANGE</b>	<i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i>					
	<input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent		<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change	
Date of add/delete _____		Former name _____		<input type="checkbox"/> Other _____		
<b>SIGNATURE</b>	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	
<b>Human Resources Department - Complete this section. Retain form for your records.</b>						
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	

## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated\_\_\_\_\_.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.