

HAMILTON COLLEGE

BASIC LIFE/AD&D AND SUPPLEMENTAL LIFE/AD&D INSURANCE ENROLLMENT FORM

Name:		Annual Earnings:	
Social Security #:		Date of Hire:	
Date of Birth:	Gender:	Effective Date:	

Basic Life/AD&D Insurance - Employee

Your employer provides Basic Life/AD&D coverage to eligible employees working 17.5 hours or more per week. One (1) times basic annual earnings, rounded to the next higher \$1,000 if not an even multiple thereof.

Note: The following cost is based on your age as of January 1st.

Supplemental Life/AD&D Insurance – Employee

You have the opportunity to elect Supplemental Life/AD&D Insurance coverage. You may elect an amount equal to one and one-half (1½) or three (3) times your earnings, rounded to the next higher \$1,000 if not an even multiple thereof. The combined Basic Life and Supplemental Life insurance can not exceed \$500,000.

I elect: My benefit will be:
 1 ½ X earnings
 3 X earnings

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	.042	.047	.056	.060	.064	.087	.122	.211	.313	.585	.936

I **elect** Supplemental Life coverage:

$$\frac{\text{Amount elected}}{\div \$1,000} = \text{Rate above} \times \text{Rate above} = \text{Monthly cost} \times 12 \div 52 = \$ \text{ weekly cost}$$

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.	Percentage
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 Hamilton College's group **Supplemental Life** coverage. 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.

Signature: _____ **Date:** _____