



Basic and Supplemental Life / AD&D Enrollment / Change Form



EMPLOYEE INFORMATION

Name		Soc Sec Number	
Address			
Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Hire	Banner ID

EMPLOYEE COVERAGE – ENROLLMENT INFORMATION

Type of Enrollment (check one): Initial Enrollment Change in coverage¹ Cancel Supplemental coverage Change beneficiary designation

REQUESTED AMOUNT

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Basic Life/AD&D only | <input type="checkbox"/> 1x annual salary – Supplemental Life/AD&D | <input type="checkbox"/> 2x annual salary – Supplemental Life/AD&D | <input type="checkbox"/> 3x annual salary – Supplemental Life/AD&D | <input type="checkbox"/> 4x annual salary – Supplemental Life/AD&D |
|---|--|--|--|--|

Rates for the Employee Supplemental Life/AD&D coverage are on the back of this form.

¹ You may need to provide evidence of good health that is satisfactory to Sun Life before the coverage can become effective. This does not apply to coverage on children.

DEPENDENT COVERAGE – ENROLLMENT INFORMATION

Type of Enrollment (check one): Initial Enrollment Change in coverage¹ Cancel Dependent coverage

REQUESTED AMOUNT

An employee may not be insured as both an employee and dependent. A child may not be insured by more than one employee of WSU.

REQUESTED AMOUNT	12-MONTH EMPLOYEE COST PER PAY	9-MONTH EMPLOYEE COST PER PAY
<input type="checkbox"/> Not electing dependent coverage	\$ 0.00	\$ 0.00
<input type="checkbox"/> \$20,000 Spouse/Other Eligible Person and \$10,000 Per Child (Other Eligible Person eligibility as determined by WSU)	\$ 2.25	\$ 3.00
<input type="checkbox"/> \$20,000 Spouse/Other Eligible Person Only (Other Eligible Person eligibility as determined by WSU)	\$ 1.50	\$ 2.00
<input type="checkbox"/> \$10,000 Per Dependent Child Only (to age 25 per WSU eligibility rules)	\$ 0.75	\$1.00

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. If you need assistance, contact your benefits administrator or your own legal counsel. 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 “33% to Mary Jones, Mother and 67% to Edith Jones, Wife.” If a Trust is named, please indicate the date the Trust was established.

The beneficiary for Life/AD&D insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise, the estate of the spouse and children, subject to policy provisions.

Full Name	Address	Soc Sec Number	Relationship	Date of Birth	%
Primary					
Contingent					

I understand that if I decline Supplemental Life coverage when initially eligible, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to The Standard and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages. I understand the benefit I have elected is limited to the maximum benefit available under the policy. I further understand that the Supplemental Life plan only covers eligible dependents as defined under the insurance policy and I must notify WSU when my dependent(s) become ineligible.

Signature	Date
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Life Insurance options not available to all employee groups. See Benefits Handbook for eligibility information.

Supplemental Life / AD&D Rates for Employee Coverage

Age	12 Month Employee Rates			9 Month Employee Rates		
	Total Monthly Rate	University Monthly Subsidy	Employee Monthly Rate	Total Monthly Rate	University Monthly Subsidy	Employee Monthly Rate
<25	\$.051	\$.002	\$.049	\$.068	\$.002	\$.066
25 - 29	\$.060	\$.002	\$.058	\$.080	\$.002	\$.078
30 - 34	\$.078	\$.002	\$.076	\$.104	\$.003	\$.101
35 - 39	\$.087	\$.003	\$.084	\$.116	\$.003	\$.113
40 - 44	\$.096	\$.003	\$.093	\$.128	\$.004	\$.124
45 - 49	\$.135	\$.004	\$.131	\$.180	\$.005	\$.175
50 - 54	\$.195	\$.006	\$.189	\$.260	\$.008	\$.252
55 - 59	\$.345	\$.010	\$.335	\$.460	\$.014	\$.446
60 - 64	\$.485	\$.015	\$.470	\$.647	\$.019	\$.628
65+	\$.585	\$.056	\$.529	\$.780	\$.074	\$.706

To Calculate Your Cost for Employee Supplemental Life / AD&D Coverage

1. Indicate your base annual salary. <i>(For example, if your salary is \$42,649, enter that in the box)</i>	\$ _____
2. Multiply the salary by 1, 2, 3 or 4 (your selected coverage level) and round up to the next \$1,000. <i>(For example, \$42,649 x 2 = \$85,298 and round up to \$86,000)</i>	\$ _____
3. Multiply the amount from Step 2 (per thousand) by the Employee Monthly Rate based on your age and your status <i>(For example, if you are age 45 and a 12-month employee, multiply 86 by \$.131 to get \$11.27)</i> <i>This is your estimated monthly cost.</i>	\$ _____
4. To get your cost per pay, take the amount in Step 3 and divide by 2. <i>(For example, \$11.27 divided by 2 equals \$5.63)</i> <i>This is your estimated cost per pay period.</i>	\$ _____

Please send the completed Election Form to:

Total Compensation & Wellness
Wayne State University
5700 Cass Avenue
3638 Academic/Administration Building
Detroit, MI 48202

Or, you may fax the completed Election form to (313) 577-0637.

The rates stated on this form are subject to change per the contract, including but not limited to rate changes at renewal and change in age bands.