



Fort Dearborn Life Insurance
Supplemental Life Insurance Enrollment Form
For New Hires and Qualified Family Status Changes

Employee Name _____ SSN: _ _ - _ - _ - _ - _ -
Annual Earnings \$ _____ Hourly Rate: \$ _____
Employee FMIS Payroll # _____ Department: _ _ _ _ Date of Hire _ / _ / _ _

This form must be completed and returned to the timekeeper within 31 days of hire or qualified family status change.

- Waive Supplemental Life Insurance (New Hires Only)
- Request Supplemental Life Insurance (LIFEEO) equal to one times annual earnings rounded to the next higher \$1,000 not to exceed \$100,000, whichever is less. This amount will automatically increase as my salary increases.
- Request Supplemental Life Insurance (LIFEFF) in the flat amount of \$ _____.

Note: You may purchase \$1,000 increments up to one times your annual salary to a maximum of \$100,000 of supplemental life insurance. Your bi-weekly premium cost (based on 26 payroll deductions per year) is \$0.24 per \$1000 of benefit per pay period, which is equivalent to \$.52 per \$1,000 of benefit, per month.

If you choose to waive the supplemental coverage at the time of hire, a subsequent request for coverage will require an evidence of insurability form to be completed. Supplemental coverage may only be purchased under the following criteria: New Hire (within 31 days of hire), Annual Enrollment, life status change (new birth, new marriage, etc. within 31 days of the event).

Qualifying Event:

Date of Event: _ / _ / _ _

- Marriage or divorce;
- Birth or adoption of a child, including becoming a legal guardian;
- Child becomes emancipated;
- Spouse loss of employment which results in a loss of group insurance;
- Death of a spouse or child.

Basic Term Life Insurance (provided by employer): One times your annual salary (rounded to the next highest \$1,000).

I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective.

Employee Signature: _____ Date: _ / _ / _ _

Beneficiary Designations

New Employees: You will receive an Online Beneficiary Designation Welcome Letter within two weeks of your first pay check. This letter contains instructions for designating your beneficiary online. You may also request a paper Beneficiary Designation form from your Timekeeper and fax to (440) 386-2686. An image of this document can also be viewed online.

Existing Employees: The Beneficiary Designation you made for your Basic Life coverage will automatically apply to the Supplemental Life coverage. You can make changes to your designation online or via paper. Please refer to your Online Beneficiary Designation Welcome Letter or your Timekeeper for assistance.