Term Life Insurance

Complete this form to enroll. **THIS IS NOT AN APPLICATION FOR INSURANCE:** This is an enrollment form.

If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Dubuque County

Step 1: Complete your personal information

First name (please print) | M. initial | Last name | 628659

Social Security Number | Gender | Date of birth (mm-dd-yyyy)

Street address | Apartment #

City | State | ZIP code

Original hire date | Annual salary $ | Occupation | Hours worked per week

Did you recently become eligible for benefits? (Y/N) ☐

Have you been rehired by your company? (Y/N) ☐

If so, please provide a date (mm-dd-yyyy)

Spouse first name (please print) | M. initial | Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

* If you previously purchased coverage and are now electing an amount over $110,000 for you or $25,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete an Evidence of Insurability form. Ask your Plan Administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
☐ $10,000	☐ $5,000	☐ $2,000
☐ $30,000	☐ $10,000	☐ $4,000
☐ $50,000	☐ $15,000	☐ $6,000
☐ $80,000	☐ $20,000	☐ $8,000
☐ $100,000	☐ $25,000 *	☐ $10,000
☐ $110,000 *		
Want a different amount? ☐ $_____	☐ $_____	☐ $_____

AD&D Insurance

Employee		Spouse		Child	
Coverage amount	Bi-weekly cost	Coverage amount	Bi-weekly cost	Coverage amount	Bi-weekly cost
☐ $10,000	$0.14	☐ $5,000	$0.07	☐ $2,000	$0.03
☐ $30,000	$0.41	☐ $10,000	$0.14	☐ $4,000	$0.06
☐ $50,000	$0.69	☐ $15,000	$0.21	☐ $6,000	$0.08
☐ $80,000	$1.10	☐ $20,000	$0.28	☐ $8,000	$0.11
☐ $100,000	$1.38	☐ $25,000	$0.35	☐ $10,000	$0.14
☐ $110,000	$1.52				
Want a different amount? ☐ $_____		☐ $_____		☐ $_____	

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Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit

Step 4: Sign and certify

☐ I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

_____ ___ / ___ / _____

Signature Date

☐ No, I do not want coverage under the **Term Life Insurance**.

☐ No, I do not want coverage under **Accidental Death & Dismemberment**.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

_____ ___ / ___ / _____

Signature Date

Return forms to: plan administrator

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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