



**2021-22 Cache County School District
Cigna Enrollment/Change Form**

PERSONAL INFORMATION		
Name of Employee (Last, First, MI)		Phone Number
Social Security Number	Date of Birth	Sex (M/F)
Mailing Address (Street Address, City, State, Zip)		

Voluntary Life insurance or Voluntary Accidental Death & Dismemberment (AD&D)

Employee

- Benefit Amount is issued in units of \$5,000
- Maximum benefit is the lesser of 10 times salary or \$500,000
- If requesting additional life insurance coverage **EOI** will be required
- Benefit Reduction Schedule: Providing you are still employed, your benefits will reduce to 65% @ age 65, 40% @ age 70, 25% @ age 75. Change in benefit will be effective on the policy anniversary coinciding with or next following birthday.

Spouse: Spouse is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount is issued in units of \$5,000
- Maximum benefit is \$250,000

Dependent Children: Under age 26, as long as you apply, and are approved, for coverage for yourself. Premium includes all eligible children.

- Benefit Amount is issued in units of \$5,000
- Maximum benefit is \$10,000 Per Child

Employee and Spouse voluntary life insurance cost *			
Age	Cost Per \$1,000 - 9 monthly	Age	Cost Per \$1,000 - 9 monthly
<20-29	\$0.07	55-59	\$0.71
30-34	\$0.07	60-64	\$0.71
35-39	\$0.09	65-69	\$1.68
40-44	\$0.16	70-74	\$3.52
45-49	\$0.27	75+	\$6.44
50-54	\$0.44		
Dependent Child	Cost Per \$5,000 - 9 monthly		Cost Per \$10,000 - 9 monthly
0-25	\$0.80	0-25	\$1.60

*If requesting additional coverage an EOI will be required

Voluntary AD&D Cost Per \$1,000 - 9 monthly			
Employee	\$0.026	Spouse	\$0.026
Child	\$0.026		

VOLUNTARY LIFE INSURANCE ELECTIONS*	
EMPLOYEE	
Requested Amount:	
<input type="checkbox"/> Decline Voluntary Life Insurance Employee Coverage	
SPOUSE	
Requested Amount:	
<input type="checkbox"/> Decline Voluntary Life Insurance Spouse Coverage	
DEPENDENT CHILDREN	
Requested Amount: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
<input type="checkbox"/> Decline Voluntary Life Insurance Dependent Child Coverage	

**If requesting additional coverage an EOI will be required*

VOLUNTARY AD&D INSURANCE ELECTIONS	
EMPLOYEE	
Requested Amount:	
<input type="checkbox"/> Decline Voluntary AD&D Insurance Employee Coverage	
SPOUSE	
Requested Amount:	
<input type="checkbox"/> Decline Voluntary AD&D Insurance Spouse Coverage	
DEPENDENT CHILDREN	
Requested Amount: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
<input type="checkbox"/> Decline Voluntary AD&D Insurance Dependent Child Coverage	

DEPENDENT INFORMATION				
Name (Last, First, MI)	Sex (M/F)	Date of Birth	Social Security Number	Relationship

BENEFICIARY / TRUST INFORMATION			
Name		Address	
SSN / Tax ID	City, State, Zip	Primary or Secondary	Percentage
Name		Address	
SSN / Tax ID	City, State, Zip	Primary or Secondary	Percentage
Name		Address	
SSN / Tax ID	City, State, Zip	Primary or Secondary	Percentage
Name		Address	
SSN / Tax ID	City, State, Zip	Primary or Secondary	Percentage

Signature and Date	
Signature	Date