



**2023-24 Cache County School District
Standard Life Insurance 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 | 50-54 | \$0.31 |
| 30-34 | \$0.07 | 55-59 | \$0.57 |
| 35-39 | \$0.09 | 60-64 | \$0.71 |
| 40-44 | \$0.13 | 65-69 | \$1.68 |
| 45-49 | \$0.20 | 70+ | \$2.75 |
| | | | |
| 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 | \$0.03 | Spouse | \$0.03 |
| Child | \$0.03 | | |

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|---|
| 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 |
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| 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 |