STATE OF NEW HAMPSHIRE ENROLLMENT FORM AS OF 1/1/2011
BASIC LIFE AND AD&D
SUPPLEMENTAL LIFE & AD&D AND DEPENDENT LIFE

ANTHEM LIFE – ADMINISTRATOR

6740 N HIGH ST. – STE 200 – WORTHINGTON, OH 43085 FAX – (614) 433-8849 TOLL-FREE – (866) 227-4005

1. Employee _____
Last First M.I.

_____
Address

_____
City State Zip

Home Phone ( ) _____

Work Phone ( ) _____ Ext_____

☐ Male ☐ Female Date of Birth _____ Age _____

2. Date of Hire _____ Spouse Date of Birth _____

Former Name_____

3. EMPLOYEE'S BENEFICIARY

Primary: _____
Full Name Relationship Age

Contingent: _____
Full Name Relationship Age

4. PLAN DESCRIPTIONS AND EMPLOYEE PREMIUMS - BASIC PLANS SELECT *ONE* OF THE BASIC PLANS[1]

		☐ PLAN 1	☐ PLAN 2	☐ PLAN 3	☐ PLAN 4	☐ PLAN 5	☐ PLAN 6
	LIFE (State Paid)	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000
Employee Paid	**ADDITIONAL LIFE**			$ 5,000	$ 5,000		$ 5,000
	AD&D Accidental Death & Dismemberment		$ 20,000		$ 25,000	$ 20,000	$ 25,000
	PER CHILD 15 days-26 yrs					$ 3,000	$ 3,000
	BI-WEEKLY DEDUCTION	$ -	$ 0.17	$ 0.10	$ 0.31	$ 0.38	$ 0.52

5. PAYROLL DEDUCTION FREQUENCY

Indicate the number of timer per year you are paid

☐ 26 Times ☐ 24 Times ☐ 20 Times

6. ADDITIONAL PLAN SELECTION (Spouse Premiums are Based on Spouse Age)

PLAN 7 – SPOUSE LIFE[1]

☐ $10,000

PLAN 8 – TERM LIFE AND AD&D[2]

EMPLOYEE		SPOUSE
☐	$25,000	☐
☐	$50,000	☐
☐	$75,000	☐
☐	$100,000	☐

Evidence of Insurability is required for all Plan 8 Selections. Spouse coverage terminates at age 70.

7. STATE AGENCY INFORMATION

Agency Name: _____

Payroll Number: _____

8. OPTIONAL PLANS AND PREMIUMS (Spouse coverage terminates at age 70)

PLAN 7 - SPOUSE		PLAN 8 - EMPLOYEE AND/OR SPOUSE *(Premiums are Per Person – Not Combined)*				
Coverage:	**$10,000 Life**	**Coverage:**	$25,000 Life $25,000 AD&D	$50,000 Life $50,000 AD&D	$75,000 Life $75,000 AD&D	$100,000 Life $100,000 AD&D
If *Spouse's* age is:	**Bi-Weekly Deduction**	**If age is:**	**Bi-Weekly Deduction**	**Bi-Weekly Deduction**	**Bi-Weekly Deduction**	**Bi-Weekly Deduction**
less than 30	$.81	less than 30	$1.14	$2.28	$3.43	$4.57
30-34	$1.15	30-34	$1.25	$2.49	$3.74	$4.98
35-39	$1.64	35-39	$1.56	$3.12	$4.67	$6.23
40-44	$2.70	40-44	$2.49	$4.98	$7.48	$9.97
45-49	$3.47	45-49	$3.53	$7.06	$10.59	$14.12
50-54	$5.08	50-54	$5.92	$11.84	$17.76	$23.68
55-59	$8.68	55-59	$10.28	$20.56	$30.84	$41.12
60-64	$10.64	60-64	$12.15	$24.30	$36.45	$48.60
65-69	$10.64	65+	$18.38	$36.76	$55.14	$73.52
Spouse coverage not available over age 70.						

I have been given the opportunity to enroll in the Supplemental Group Term Life and Dependent Life Insurance plans with the State of New Hampshire. I understand that if I apply for dependent child coverage or spouse coverage under Plan 7 later than 30 days from my hire date or for any new coverage in Plan 8, I am required to provide evidence of good health that is satisfactory to the insurer and understand my request for coverage may be denied.

I authorize The State of New Hampshire to make the appropriate payroll deductions from my wages. I am performing all the duties of my occupation on a full-time basis.

_____ _____ _____ _____
Employee Signature Date Employee SS# Spouse SS# (Only if applying for coverage)

ADMINISTRATOR USE ONLY

First Payroll Deduction		Basic Plan Deduction	Plans 7 Deduction	Plans 8 Deduction	Control No.	Payroll ID#
Check Of:	Pay Period:					

[1] Plan 1 coverage is Guaranteed Issue. Plans 2-7 are also Guaranteed Issue if applied for within 30 days of employee date of hire. Plans 2-7 are subject to underwriting if applied for after 30 days from employee date of hire and are effective only after approval by the insurer. [2] Plan 8 premium deductions will be increased automatically in accordance with the above schedule. Plan 8 is subject to underwriting requirements and is effective only after approval by the insurer.