STATE OF NEW HAMPSHIRE
2016 ENROLLMENT/CHANGE FORM
BASIC LIFE AND AD&D, DEPENDENT LIFE, SUPPLEMENTAL LIFE & AD&D

☐ NEW ENROLLMENT
☐ CHANGE

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

EMPLOYEE NAME AND ADDRESS:

☐ **Check here if name or address has changed**

Employee _____
Last First M.I.

Social Security Number _____

Date of Hire: _____

Agency Name: _____

☐ Male ☐ Female Date of Birth _____ Age _____

Address: _____

_____

City: _____ State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____ Ext _____

SPOUSE COVERAGE:

☐ **Check here if covering spouse for the first time or if spouse has changed**

Spouse Name: _____

Social Security Number: _____ Date of Birth _____

EMPLOYEE'S BENEFICIARY: (Please use separate Beneficiary Form if requesting different beneficiaries per plan.)

☐ **Check here if changing beneficiary**

Primary: _____
Full Name Relationship Age

Contingent: _____
Full Name Relationship Age

BASIC PLAN OPTIONS AND EMPLOYEE PREMIUMS - BASIC PLANS SELECT *ONE* OF THE BASIC PLANS

Plan 1: Life Insurance premium paid by the State. Coverage is Guaranteed Issue. No enrollment is required.
Plan 2-6: Additional Life Insurance amounts, AD&D and Dependent coverage, paid by the employee. Coverage is Guaranteed Issue.
Check where newly enrolling, changing and cancelling Basic Plan options 2 - 6

		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
			☐ NEW ☐ CHANGE ☐ CANCEL	☐ NEW ☐ CHANGE ☐ CANCEL	☐ NEW ☐ CHANGE ☐ CANCEL	☐ NEW ☐ CHANGE ☐ CANCEL	☐ NEW ☐ CHANGE ☐ CANCEL
	LIFE (State Paid)	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000
Employee Paid	**ADDITIONAL LIFE**			$ 5,000	$ 5,000		$ 5,000
Employee Paid	**AD&D** Accidental Death & Dismemberment		$ 20,000		$ 25,000	$ 20,000	$ 25,000
Employee Paid	**PER CHILD** 15 days-26 yrs					$ 3,000	$ 3,000
Employee Paid	**BI-WEEKLY DEDUCTION**	$ -	$ 0.17	$ 0.06	$ 0.27	$ 0.38	$ 0.48

PLAN 7: OPTIONAL LIFE INSURANCE PLAN FOR SPOUSE

- Optional Life Insurance Benefit for the Spouse.
- Paid by the employee.
- Premium deductions are based on spouse's age and are increased automatically in accordance with the schedule on the reverse side of this form.
- Coverage is Guaranteed Issue.
- Spouse coverage not available over age 70 and terminates at age 70.

You may only enroll or make changes within 30 days of initial eligibility or during annual benefits open enrollment.

You may cancel coverage at any time.

Check where newly enrolling or cancelling Plan 7 Spouse Life Insurance

PLAN 7 – $10,000 SPOUSE LIFE

☐ **New Enrollment** ☐ **Cancel**

PLAN 8: OPTIONAL LIFE INSURANCE AND AD&D FOR SPOUSE ONLY:

- $25,000 coverage is Guaranteed Issue. Evidence of Insurability is required for higher coverage amounts.
- Spouse coverage not available over age 70 and terminates at age 70.

PLAN 9: OPTIONAL LIFE INSURANCE AND AD&D FOR EMPLOYEE ONLY:

- 1X Salary coverage is Guaranteed Issue. Evidence of Insurability is required for 2X, 3X, and 4X Salary coverage.
- Any coverage requiring Evidence of Insurability is subject to underwriting approval, and is effective ONLY AFTER approval by Anthem Life.
- Premium deductions are based on age and are increased automatically in accordance with the schedule on the reverse side of this form.

You may only enroll or make changes within 30 days of initial eligibility or during annual benefits open enrollment.

You may cancel coverage at any time.

Check where newly enrolling, changing or cancelling Plan 8 Employee and/or Spouse Term Life and AD&D Insurance

PLAN 8 – OPTIONAL LIFE AND AD&D				PLAN 9 – OPTIONAL LIFE AND AD&D			
SPOUSE - ONLY				EMPLOYEE ONLY			
Benefit	New	Change	Cancel	Benefit	New	Change	Cancel
$25,000	☐	☐	☐	1 X Salary	☐	☐	☐
$50,000	☐	☐	☐	2 X Salary	☐	☐	☐
$75,000	☐	☐	☐	3 X Salary	☐	☐	☐
$100,000	☐	☐	☐	4 X Salary	☐	☐	☐

Please see reverse for rates

Please sign authorization on reverse page

KEEP A COPY FOR YOURSELF, FORWARD A COPY TO YOUR AGENCY HR/PAYROLL OFFICE AND MAIL THE COMPLETED ORIGINAL FORMS TO ANTHEM LIFE AT THE ADDRESS ABOVE. IF APPLYING FOR COVERAGE REQUIRING EVIDENCE OF INSURABILITY, ATTACH ANTHEM EVIDENCE OF INSURABILITY WITH THIS APPLICATION FORM.

STATE OF NEW HAMPSHIRE
BI-WEEKLY DEDUCTIONS BY PLAN

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

OPTIONAL PLANS AND PREMIUMS (Spouse Only Coverage)

PLAN 7 - SPOUSE		PLAN 8 - SPOUSE ONLY *(Not available to Employees)*				
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	$0.97	$1.94	$2.91	$3.88
30-34	$1.15	30-34	$1.06	$2.12	$3.18	$4.25
35-39	$1.64	35-39	$1.33	$2.65	$3.98	$5.31
40-44	$2.70	40-44	$2.12	$4.25	$6.37	$8.49
45-49	$3.47	45-49	$3.00	$6.00	$9.00	$12.00
50-54	$5.08	50-54	$5.03	$10.06	$15.09	$20.12
55-59	$8.68	55-59	$8.73	$17.47	$26.20	$34.94
60-64	$10.64	60-64	$10.33	$20.65	$30.98	$41.31
65-69	$10.64	65-69	$15.62	$31.25	$46.87	$62.49
Spouse coverage not available over age 70 and terminates at age 70.		Spouse coverage not available over age 70 and terminates at age 70.				

PLAN 9 - Employee Only
For information about Plan 9 rates please visit http://das.nh.gov/hr/life_insurance.html

Employee Acknowledgement and Payroll Deduction Authorization

I am performing all the duties of my occupation on a full-time basis. Therefore, 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 the only time I may elect or make changes to this coverage is during my initial eligibility period and/or during the State of New Hampshire's annual benefits open enrollment. I understand that if I apply for optional employee coverage under Plan 9 or spouse coverage under Plan 8 that exceeds the Guaranteed Issue amount, I am required to provide evidence of insurability (by attaching the Anthem Evidence of Insurability Form) 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 premium payments via payroll deductions from my wages, and to increase deductions based on age and base annual salary, if applicable, as specified by the plan. I understand that I will pay premiums on the Guaranteed Issue amounts and, if and when my Evidence of Insurability is approved, my premiums will be adjusted to reflect the total amount of coverage approved. I also understand that I may terminate my coverage and cease payroll deductions at any time by contacting my agency benefits representative.

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

AGENCY HR / PAYROLL USE ONLY

Employee's Base Salary: _____ Agency HR Name/Phone #: _____

First Payroll Deduction		Basic Plan Deduction	Plans 7 Deduction	Plans 8 Deduction		Plans 9 Deduction		Agency Name / Agency #
Check Of:	Pay Period:			GI	EOI Approved	GI	EOI Approved	

EMPLOYEE: FORWARD A COPY OF THIS FORM TO YOUR AGENCY HR/PAYROLL OFFICE – KEEP A COPY FOR YOURSELF AND SEND ORIGINAL TO ANTHEM LIFE AT ADDRESS ABOVE.

IF APPLYING FOR COVERAGE REQUIRING EVIDENCE OF INSURABILITY, ATTACH ANTHEM EVIDENCE OF INSURABILITY WITH THIS APPLICATION FORM.

AGENCY HR/PAYROLL: KEEP COPY IN EMPLOYEE FILE.