





## STATE OF NEW HAMPSHIRE 2017 LIFE INSURANCE ENROLLMENT/CHANGE FORM

	SPOUSE LIFE PLANS	BENEFIT	ADD	CANCEL	BIWEEKLY PAYOLL CONTRIBUTION
Spouse Life Plans	Flat Term Life (No AD&D)	\$10,000	<input type="checkbox"/>	<input type="checkbox"/>	Please refer to the rate schedule below To determine the biweekly contribution for your plan election.  Contributions are based on age at the time of initial enrollment and are adjusted annually thereafter in accordance with the rate schedule.  Biweekly Contribution: \$ _____
	Flat Term & AD&D	\$25,000	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>\$25,000 Life Benefit is Guaranteed Issue. Evidence of Insurability (EOI) is required for newly elected higher benefit amounts. Any coverage requiring EOI must be approved by underwriting and is effective AFTER approval is received. Spouse Benefit is not available over age 69 and terminates at age 70.</b>  <b>SELECT ONE</b>	\$50,000	<input type="checkbox"/>	<input type="checkbox"/>	
		\$75,000	<input type="checkbox"/>	<input type="checkbox"/>	
		\$100,000	<input type="checkbox"/>	<input type="checkbox"/>	

	CHILD(REN) LIFE PLAN	BENEFIT	ADD	CANCEL	BIWEEKLY PAYROLL CONTRIBUTION
	Flat Term Life (No AD&D)	\$3,000 Per Child (15 Days to 26 Years)	<input type="checkbox"/>	<input type="checkbox"/>	\$ .21

Spouse Coverage Rate Table						
\$10,000 TERM		\$25K - \$100K TERM & AD&D				
		Coverage	\$25,000 Life & AD&D	\$50,000 Life & AD&D	\$75,000 Life & AD&D	\$100,000 Life & 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 69 and terminates at age 70.

### 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 also understand that the only time I may elect or make changes to these elections now is during the State of New Hampshire's annual benefits open enrollment or if I incur a qualifying life event. I understand if I apply for coverage for myself or my Spouse under any Employee or Spouse Supplemental Life Plan that exceeds the Guaranteed Issue amount or a previously approved Evidence of Insurability amount, I am required to provide evidence of insurability for myself and/or spouse that is satisfactory to the insurer. I understand my request for coverage for myself or spouse may be denied. I understand that I will pay premiums on the Guaranteed Issue amount or, if applicable, the previously approved Evidence of Insurability amounts until a decision is made on my or my Spouse's completed EOI application. If and when the Evidence of Insurability is approved, my biweekly contribution will be adjusted to reflect the total amount of coverage approved.

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 also understand that I may terminate my coverage and cease payroll deductions at any time by contacting my agency benefits representative.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**AGENCY HR/PAYROLL: KEEP COPY IN EMPLOYEE FILE. THE EMPLOYEE WILL BE CONTACTED DIRECTLY BY ANTHEM LIFE VIA FIRST CLASS MAIL WITHIN 30 DAYS OF ENROLLMENT DATE IF EVIDENCE OF INSURABILITY (EOI) IS REQUIRED.**