



**STATE OF NEW HAMPSHIRE
2017 OPEN ENROLLMENT LIFE INSURANCE FORM
EMPLOYEE, SPOUSE AND CHILD(REN) LIFE PLANS**

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

<p>EMPLOYEE INFORMATION: (PLEASE PRINT CLEARLY)</p> <p>Employee: _____ Last First M.I.</p> <p>Employee ID: _____</p> <p>Social Security Number: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Age: _____</p>	<p>EMPLOYEE'S BENEFICIARY: (Please use separate Beneficiary Form if requesting different beneficiaries per plan or multiple Contingent beneficiaries.)</p> <p>Primary: _____ Full Name</p> <p>_____ Relationship Date of Birth</p> <p>Contingent: _____ Full Name</p> <p>_____ Relationship Date of Birth</p>
<p>SPOUSE COVERAGE: (REQUIRED FOR SPOUSE COVERAGE)</p> <p>Spouse: _____ Last First M.I.</p> <p>Social Security Number: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Age: _____</p>	

AGENCY INFORMATION:

Employee Date of Hire: _____ Agency Name: _____

EMPLOYEE LIFE INSURANCE BENEFIT PLANS

BASIC GROUP TERM LIFE - \$50,000. Eligible full-time employees are automatically enrolled in the Basic Life benefit upon meeting eligibility requirements, which is paid in full by the State.

SUPPLEMENTAL LIFE BENEFITS

You are also able to select additional life benefits for yourself and your dependents. You pay 100% of the cost of any additional life insurance benefit options that you elect. The options and biweekly contributions are outlined below.

PLEASE NOTE THE ELECTIONS MADE ON THIS 2017 OPEN ENROLLMENT LIFE INSURANCE FORM WILL REPLACE ALL PRIOR LIFE INSURANCE ELECTIONS.

*You may only enroll or make changes during annual Open Enrollment.
You may cancel coverage at any time.*

EMPLOYEE LIFE INSURANCE PLANS				BIWEEKLY PAYROLL CONTRIBUTION
	BENEFIT	ENROLL EFFECTIVE 01/01/2017		
Employee Life Plans	Flat Term Life (No AD&D)	\$5,000	<input type="checkbox"/>	\$.06
	Accidental Death & Dismemberment (AD&D) ONLY SELECT ONE	\$20,000	<input type="checkbox"/>	\$.17
		\$25,000	<input type="checkbox"/>	\$.21
	1X – 4X BASE PAY Term Life & AD&D 1 x Salary Coverage is Guaranteed Issue. Evidence of Insurability (EOI) is required for new elections of 2X, 3X or 4X Salary coverage. Any coverage requiring EOI must be approved by underwriting and is effective ONLY AFTER approval is received. Coverage reduced by 50% at age 70. SELECT ONE	1 X SALARY	<input type="checkbox"/>	<p>For rate information and to calculate your biweekly contribution, visit: https://das.nh.gov/hr/life_insurance_openenrollment.html</p> <p>Contributions are based on age and base salary and are adjusted annually in accordance with the rate schedule.</p> <p>Insert Calculated Contribution: \$ _____</p>
		2 X SALARY	<input type="checkbox"/>	
3 X SALARY		<input type="checkbox"/>		
4 X SALARY		<input type="checkbox"/>		



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	SPOUSE LIFE PLANS	BENEFIT	ENROLL EFFECTIVE 01/01/2017	BIWEEKLY PAYOLL CONTRIBUTION
Spouse Life Plans	Flat Term Life (No AD&D)	\$10,000	<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"/>	
	\$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. SELECT ONE	\$50,000	<input type="checkbox"/>	
		\$75,000	<input type="checkbox"/>	
		\$100,000	<input type="checkbox"/>	
	CHILD(REN) LIFE PLAN	BENEFIT	ENROLL EFFECTIVE 01/01/2017	BIWEEKLY PAYROLL CONTRIBUTION
	Flat Term Life (No AD&D)	\$3,000 Per Child (15 Days to 26 Years)	<input type="checkbox"/>	\$.21

Spouse Coverage Rate Table

\$10,000 TERM		\$25K - \$100K TERM & AD&D				
		Coverage	\$25,000 Life & AD&D Bi-Weekly Deduction	\$50,000 Life & AD&D Bi-Weekly Deduction	\$75,000 Life & AD&D Bi-Weekly Deduction	\$100,000 Life & AD&D Bi-Weekly Deduction
If Spouse's age is:	Bi-Weekly Deduction	If age is:				
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 UNDERSTAND AND AGREE THAT THE ELECTIONS I AM MAKING ON THIS FORM WILL REPLACE ALL PRIOR ELECTIONS.** 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.