Buy-Up AD&D Enrollment Application

Return To: Plan Administrators, Ltd
580 Hazard Avenue
Enfield, CT 06082

Please print or type all information. Complete and sign at the bottom.

EMPLOYEE Name - LAST	FIRST	MIDDLE INITIAL	Social Security No.	Group Number	Division	Class

Home Address – City	State	ZIP	Sex	Date of Birth	Marital Status
			☐ MALE ☐ FEMALE		

Your Occupation	Employer Name	Hire Date	Hours worked per week	Annual Salary
	Decatur County Board of Educaton			

Primary Beneficiary (For Employee Life)	Social Security #	Relationship	Date of Birth

Contingent Beneficiary	Social Security #	Relationship	Date of Birth

Life Coverage Requested:

☐ Check Employee Coverage Desired

Coverage Amount	Monthly Rates
☐ $100,000	$3.00
☐ $200,000	$6.00
☐ $300,000	$9.00
☐ $400,000	$12.00
☐ $500,000	$15.00
☐ Check Spouse Coverage Desired	
☐ $50,000	$1.50
☐ $100,000	$3.00
☐ $150,000	$4.50
☐ $200,000	$6.00
☐ $250,000	$7.50

If applying for Spouse Coverage, complete section below:

Name (Last, First, MI)	Social Security #	Date of Birth	Sex (M/F)
Spouse			

AD&D coverage can not exceed $500,000 in total including that currently in force.
Spouse coverage can not exceed 50% of employee amount.

Spouse Beneficiary:

To decline coverage, complete this section. ☐ **Employee** ☐ **Spouse/Dependent**

I understand that I have been given an opportunity to participate in the group insurance plan offered by my employer I am refusing the term life insurance coverage indicated above for which I am required to contribute. If I and/or my dependents wish to participate at a later date, I understand that coverage(s) may be limited and satisfactory evidence of insurability may be required.

Reason for refusing coverage:_____

Employee's signature:_____ Date:_____

I hereby request to be insured and authorize deductions, if any, from my compensation for my share of the cost of the benefits to which I may be entitled under group policy(ies) issued to the employer listed above. I understand that if I am not actively at work as defined in the policy on the date my coverage would otherwise become effective, my insurance will not begin until the day I meet the policy definition actively at work.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties.

Employee's signature: X_____ Date:_____