

Group Policy # K100788001

Decatur County Board of Education

Enrollment Application

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

Home Address - City State ZIP Sex Date of Birth Marital State Your Occupation Employer Name Decatur County Board of Education Primary Beneficiary (For Employee Life) Contingent Beneficiary Social Security # Helationship Date of Birth Hure Date Hours worked per week Annual Salary Contingent Beneficiary Social Security # Helationship Date of Birth Life Coverage Requested: Check Employee Coverage Desired Coverage Amount Monthly Rates \$20,000 \$30,000 \$40,000 \$40,000 \$40,000 \$50,000 \$60,000 \$60,000 \$70,000 If dependent children are full-time students in college, vocational or trade school or graduate schoplease complete the following:	State ZIP Sex MALE FEMALE Hours worked per week Annual Salary County Board of Education Social Security # Helationship Date of Birth Date of Birth Name (Last, First, MI) Social Security # Date of Birth Sex (M/F) Date of Birth Sex (M/F) Date of Birth Sex (M/F)	EMPLOYEE Name - LAST FIRST MITTURE IN THE INSTITUTE IN SOCIETY OF THE PROPERTY	Home Address - City State ZIP Sex MALE FEMALE Your Occupation Employer Name Decatur County Board of Education Primary Beneficiary (For Employee Life) Social Security # Helationship Date of Birth ALL ALL Hours worked per week Annual Salary Date of Birth Helationship Date of Birth Date of Birth Helationship Date of Birth	EMPLOYEE Name - LAST FIRST MIDDLE INITIAL I Social Security No. 1 Grain Number Division Class	Home Addres						
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Administered by
Plan Administration Ltd
580 Hazard Ave · Enfield CT 06082
860-272-1135
George E Daniel Jr - Agent

HUMANA.

Specialty Benefits

Products are underwritten by: Kanawha Life Insurance Company, a Humana Company

GroupTerm Life/AD&D Insurance Especially designed for employees of Turner County Board of Education

Supplemental Group Term Life Insurance is an employee-paid benefit that enables you to elect coverage – with the advantage of group rates and Guaranteed Issue. Coverage is also available for spouse and children provided the employee is the primary insured. This benefit is available to full time employees working a minimum of 20 hours per week, employees must be actively at work on the date that coverage begins.

Employee

Coverage Amount

Employees may elect coverage in increments of \$10,000 up to a maximum of \$300,000. Employee coverage is limited to a maximum of 5 X annual salary. Benefit amounts reduce to 50% at age 70. Coverage terminates at retirement. (Employees cannot be covered as an Employee & Spouse).

Spouse

Coverage Amount

If you are approved for coverage, you may cover your eligible spouse. Spouses may elect supplemental life coverage in \$5,000 increments up to \$150,000 not to exceed 50% of the employee amount.

Dependent Children

Coverage Amount

Employees can purchase \$10,000 of supplemental life coverage for their Spouse & Dependent Children, without any medical questions. This benefit is available for all children from 14 days to age 19 (25 if full time student).

Guarantee Issue Amount

(Available only during your initial eligibility period)

Supplemental Life coverage without evidence of insurability may be elected up to \$100,000 for an Employee and \$10,000 for Spouse. Dependent children will be eligible without Evidence of Insurability.



Exclusions

Benefits will not be payable within 2 years of the policy effective date for a loss caused by suicide.

Benefits also include:

Disability Waiver of Premium

A disability Waiver of Premium allows the eligible employee to pay no premiums on this coverage if they become Totally Disabled before age 60 (coverage remains in place until age 65).

Accelerated Life Benefit

The Accelerated Life Benefit lets participants who have been diagnosed with a terminal illness receive 50% to a maximum of \$250,000 of their life insurance benefits while they are living.

Conversion

If your employment ends or you become ineligible, you may convert your coverage to an individual policy (within 31 days of date of termination).

Enrollment

Employees are required to complete and sign an enrollment application and payroll deduction form, and return these forms to your plan administrator. Premiums for this plan are paid through payroll deduction.

Please note, this is meant to be an overview. For a detailed description of the benefit provisions and the limitations and exclusions, please see the policy.



Group Term Life is Kanawha Insurance Company Policy Form Series 8010 6/05. The policy and any optional benefits/riders contain limitations and exclusions. Optional benefits/riders and features are not available in all states and may vary by state. Kanawha Insurance Company is a subsidiary of KMG America Corporation. Insurance products are underwritten by Kanawha Insurance Company.