



Group Policy # K100788001
Decatur County Board of Education

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 1	Class ALL
Home Address - City			State	ZIP	Sex MALE FEMALE	Date of Birth	Marital Status
Your Occupation	Employer Name Decatur County Board of Education			Hire Date	Hours worked per week	Annual Salary	
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		If applying for Spouse/Dependent Coverage, complete section below:					
Coverage Amount	Monthly Rates	Name (Last, First, MI)	Social Security #	Date of Birth	Sex (M/F)		
\$20,000		Spouse					
\$30,000		Child(ren)					
\$40,000							
\$50,000							
\$60,000							
\$70,000							
\$80,000							
\$90,000							
\$100,000							
\$							
Spouse/Dependent Coverage							
\$,000/\$,000							

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 Hearby 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: _____ Date: _____



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

Group Term 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.

HUMANA
Specialty Benefits

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.