

# UTICA COLLEGE

**GROUP INSURANCE ENROLLMENT FORM**

<b>Name:</b>		<b>Annual Earnings:</b>
<b>Address:</b>		<b>Social Security #:</b>
<b>Email Address:</b>		<b>Phone:</b>
<b>Date of Birth:</b>	<b>Gender:</b>	<b>Date of Hire:</b>
<b>Effective Date:</b>		

**Supplemental ADPL – Employee**

You have the opportunity to elect Supplemental ADPL insurance coverage. You may elect increments of \$25,000 to maximum of \$500,000.

I **elect** Supplemental ADPL coverage:

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \div & \$1,000 = & \underline{\hspace{2cm}} & \times & \mathbf{0.03} & = & \underline{\hspace{2cm}} \\
 \text{Amount elected} & & & & & \text{Rate} & & \text{Monthly}
 \end{array}$$

I **decline** Supplemental ADD coverage.

**Supplemental ADPL– Employee & Family**

You have the opportunity to elect Supplemental Family ADPL insurance coverage. You may elect increments of \$25,000 to maximum of \$500,000.

- Employee: 100% of elected amount
- Employee/Spouse: 100% for Employee / 60% for Spouse
- Employee/Child(ren): 100% for Employee / 15% for Chil(ren)
- Employee/Family: 100% for Employee / 50% for Spouse / 10% for Child(ren)
- 

I **elect** Supplemental Family ADPL coverage:

My family unit consists of myself and my:

- Spouse
- Child(ren)
- Spouse & Child(ren)

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \div & \$1,000 = & \underline{\hspace{2cm}} & \times & \mathbf{0.045} & = & \underline{\hspace{2cm}} \\
 \text{Amount elected} & & & & & \text{Rate} & & \text{Monthly}
 \end{array}$$

I **decline** Supplemental Family ADPL coverage.

**Beneficiary Designation**

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, relationship and, if a minor, the age of that minor. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related." If you need assistance, contact Human Resources or your own legal counsel. Following are examples of the most common designations:

- Mary J. Doe, Wife (not Mrs. John Doe).
- Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares or to the survivor.
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "1/3 to Mary Jones, Mother, and 2/3 to Edith Jones, Wife."

	Full Name	Address	Relationship	D.O.B.
Primary				
Contingent				

A beneficiary for employee's Life Insurance may be changed upon written request.

**Employee Confirmation**

I have been given the opportunity to enroll in **Utica College** group **Supplemental ADPL** coverages. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to the insurance carrier and understand my request for coverage may be denied.

I authorize my employer to make the appropriate payroll deductions from my wages. I am not now disabled and I am performing all the duties of my occupation on a full-time basis.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_