



UTAH LOCAL GOVERNMENTS TRUST
 GROUP LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)
 INSURANCE ELECTION FORM
POLICY # 606430

IMPORTANT! This form must be returned to your employer prior to the end of the enrollment period.
New hire enrollment period: If your form is not signed, dated and returned *within 31 days after the effective date of this form*, you will automatically be enrolled in the employer-funded plan.
Re-enrollment period: If your form is not signed, dated and returned *before* the effective date of the plan year for which elections are being made, you will remain in the option(s) you had previously, or a plan most similar, although your cost may change.

Name:		Social Security #:	
Address:		City:	Zip:
Phone:	Email:	Annual Salary:	
Date of Hire:	Effective Date:	Date of Birth:	
Member Employer:		ID Code:	

Basic Life and AD&D (Employer-paid)		
Employee: \$50,000	Spouse: \$5,000	Child: (Birth through age 26): \$2,500

DEPENDENT INFORMATION - List the dependents covered by your elections.

* Relation to You: **SP** = spouse; **CH** = child; **ST** = stepchild who lives with you and depends upon your financial support

Name	SSN	Date of Birth	Relation to You*	Male/Female

PRIMARY BENEFICIARY INFORMATION - Designate your beneficiary (ies) below.

Name	Relation to You	Benefit
		%
		%
		%

If the beneficiary (ies) named above are not living, then pay:

SECONDARY BENEFICIARY INFORMATION - Designate your beneficiary (ies) below.

Name	Relation to You	Benefit
		%

Additional Life and AD&D (Employee-paid)

Have any tobacco products been used in the last 12 months? **You:** Yes No **Your Spouse:** Yes No

EMPLOYEE: You may also purchase Additional Employee Life/AD&D coverage in \$25,000 increments to a maximum of \$500,000 for Life and \$350,000 for AD&D.

Note: Evidence of Insurability (EOI) will be required for Employee Additional Life if:

- you initially elect coverage that exceeds the \$200,000 Guarantee Issue maximum
- you increase your coverage by more than one level at annual enrollment or you increase your coverage by any level outside annual enrollment
- you had previously opted out of Additional Life and are electing coverage as a Late Entrant (EOI is not required for AD&D)

SPOUSE: You may also purchase Additional Spouse Life and AD&D coverage in \$25,000 increments to a maximum of \$200,000 for Life and \$200,000 for AD&D.

Note: Evidence of Insurability (EOI) will be required for Spouse Additional Life if:

- you initially elect Spouse coverage that exceeds the \$25,000 Guarantee Issue maximum, **and** you answer YES to the following question: **In the last 6 months**, has your spouse received medical treatment, consultation, care or services, including diagnostic measures or took prescribed drugs for: cardiovascular disease; cancer; any condition related to Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex; or any other life threatening condition?

If the answer is NO, you can get \$50,000 in Spouse Additional Life coverage. YES NO

- you initially elect Spouse coverage that exceeds \$50,000
- you increase your coverage by any level at anytime
- you had previously opted out of Additional Spouse Life and are electing Spouse coverage as a Late Entrant (EOI is not required for AD&D)

CHILD(REN): You may also purchase Child Additional Life and AD&D Coverage in \$5,000 increments to a maximum of \$10,000 for Life and \$70,000 for AD&D.

Note: Evidence of Insurability is not required for Child Life coverage

Coverage Elections	
EMPLOYEE	<input type="checkbox"/> Life \$ _____ <input type="checkbox"/> AD&D \$ _____ <input type="checkbox"/> I decline Life coverage <input type="checkbox"/> I decline AD&D coverage
SPOUSE	<input type="checkbox"/> Life \$ _____ <input type="checkbox"/> AD&D \$ _____ <input type="checkbox"/> I decline Life coverage <input type="checkbox"/> I decline AD&D coverage
CHILD	<input type="checkbox"/> Life \$ _____ <input type="checkbox"/> AD&D \$ _____ <input type="checkbox"/> I decline Life coverage <input type="checkbox"/> I decline AD&D coverage

See page 3 & 4 for Additional Life and AD&D rates.

Additional Life (Employee Paid) Rates NON TOBACCO

Coverage	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00	\$125,000.00	\$150,000.00	\$175,000.00	\$200,000.00	\$225,000.00	\$250,000.00
Under 30	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
30 - 34	\$1.23	\$2.45	\$3.68	\$4.90	\$6.13	\$7.35	\$8.58	\$9.80	\$11.03	\$12.25
35 - 39	\$1.58	\$3.15	\$4.73	\$6.30	\$7.88	\$9.45	\$11.03	\$12.60	\$14.18	\$15.75
40 - 44	\$2.48	\$4.95	\$7.43	\$9.90	\$12.38	\$14.85	\$17.33	\$19.80	\$22.28	\$24.75
45 - 49	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60	\$28.70	\$32.80	\$36.90	\$41.00
50 - 54	\$6.33	\$12.65	\$18.98	\$25.30	\$31.63	\$37.95	\$44.28	\$50.60	\$56.93	\$63.25
55 - 59	\$9.05	\$18.10	\$27.15	\$36.20	\$45.25	\$54.30	\$63.35	\$72.40	\$81.45	\$90.50
60 - 64	\$15.38	\$30.75	\$46.13	\$61.50	\$76.88	\$92.25	\$107.63	\$123.00	\$138.38	\$153.75

Coverage	\$275,000.00	\$300,000.00	\$325,000.00	\$350,000.00	\$375,000.00	\$400,000.00	\$425,000.00	\$450,000.00	\$475,000.00	\$500,000.00
Under 30	\$12.10	\$13.20	\$14.30	\$15.40	\$16.50	\$17.60	\$18.70	\$19.80	\$20.90	\$22.00
30 - 34	\$13.48	\$14.70	\$15.93	\$17.15	\$18.38	\$19.60	\$20.83	\$22.05	\$23.28	\$24.50
35 - 39	\$17.33	\$18.90	\$20.48	\$22.05	\$23.63	\$25.20	\$26.78	\$28.35	\$29.93	\$31.50
40 - 44	\$27.23	\$29.70	\$32.18	\$34.65	\$37.13	\$39.60	\$42.08	\$44.55	\$47.03	\$49.50
45 - 49	\$45.10	\$49.20	\$53.30	\$57.40	\$61.50	\$65.60	\$69.70	\$73.80	\$77.90	\$82.00
50 - 54	\$69.58	\$75.90	\$82.23	\$88.55	\$94.88	\$101.20	\$107.53	\$113.85	\$120.18	\$126.50
55 - 59	\$99.55	\$108.60	\$117.65	\$126.70	\$135.75	\$144.80	\$153.85	\$162.90	\$171.95	\$181.00
60 - 64	\$169.13	\$184.50	\$199.88	\$215.25	\$230.63	\$246.00	\$261.38	\$276.75	\$292.13	\$307.50

Additional Life (Employee Paid) Rates TOBACCO

Coverage	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00	\$125,000.00	\$150,000.00	\$175,000.00	\$200,000.00	\$225,000.00	\$250,000.00
Under 30	\$2.15	\$4.30	\$6.45	\$8.60	\$10.75	\$12.90	\$15.05	\$17.20	\$19.35	\$21.50
30 - 34	\$2.78	\$5.55	\$8.33	\$11.10	\$13.88	\$16.65	\$19.43	\$22.20	\$24.98	\$27.75
35 - 39	\$3.58	\$7.15	\$10.73	\$14.30	\$17.88	\$21.45	\$25.03	\$28.60	\$32.18	\$35.75
40 - 44	\$5.70	\$11.40	\$17.10	\$22.80	\$28.50	\$34.20	\$39.90	\$45.60	\$51.30	\$57.00
45 - 49	\$9.23	\$18.45	\$27.68	\$36.90	\$46.13	\$55.35	\$64.58	\$73.80	\$83.03	\$92.25
50 - 54	\$13.80	\$27.60	\$41.40	\$55.20	\$69.00	\$82.80	\$96.60	\$110.40	\$124.20	\$138.00
55 - 59	\$18.55	\$37.10	\$55.65	\$74.20	\$92.75	\$111.30	\$129.85	\$148.40	\$166.95	\$185.50
60 - 64	\$29.40	\$58.80	\$88.20	\$117.60	\$147.00	\$176.40	\$205.80	\$235.20	\$264.60	\$294.00

Coverage	\$275,000.00	\$300,000.00	\$325,000.00	\$350,000.00	\$375,000.00	\$400,000.00	\$425,000.00	\$450,000.00	\$475,000.00	\$500,000.00
Under 30	\$23.65	\$25.80	\$27.95	\$30.10	\$32.25	\$34.40	\$36.55	\$38.70	\$40.85	\$43.00
30 - 34	\$30.53	\$33.30	\$36.08	\$38.85	\$41.63	\$44.40	\$47.18	\$49.95	\$52.73	\$55.50
35 - 39	\$39.33	\$42.90	\$46.48	\$50.05	\$53.63	\$57.20	\$60.78	\$64.35	\$67.93	\$71.50
40 - 44	\$62.70	\$68.40	\$74.10	\$79.80	\$85.50	\$91.20	\$96.90	\$102.60	\$108.30	\$114.00
45 - 49	\$101.48	\$110.70	\$119.93	\$129.15	\$138.38	\$147.60	\$156.83	\$166.05	\$175.28	\$184.50
50 - 54	\$151.80	\$165.60	\$179.40	\$193.20	\$207.00	\$220.80	\$234.60	\$248.40	\$262.20	\$276.00
55 - 59	\$204.05	\$222.60	\$241.15	\$259.70	\$278.25	\$296.80	\$315.35	\$333.90	\$352.45	\$371.00
60 - 64	\$323.40	\$352.80	\$382.20	\$411.60	\$441.00	\$470.40	\$499.80	\$529.20	\$558.60	\$588.00

Accidental Death and Dismemberment Rates

Coverage	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00	\$125,000.00	\$150,000.00	\$175,000.00	\$200,000.00	\$225,000.00	\$250,000.00
Employee	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
Spouse	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80		
child	\$0.60	\$1.20	call for rate							
Coverage	\$275,000.00	\$300,000.00	\$325,000.00	\$350,000.00						
Employee	\$6.60	\$7.20	\$7.80	\$8.40						

Note: Life coverage amounts may not be payable if you commit suicide within 24 months of your effective date of coverage. See your Plan Administrator or refer to your employee booklet for details about AD&D coverage exclusions.

Delayed Effective Date: (1) Employee – Initial insurance, and any increased or additional insurance will be delayed if an employee is not in active employment because of an injury, sickness, leave of absence or temporary lay-off on the date that insurance would otherwise be effective. (2) Dependents - Initial insurance coverage will be delayed if a dependent is totally disabled on the date that insurance would otherwise be effective. Exception: Newborn children are insured from birth.

Request for Signature: I understand that by signing and submitting this form to elect coverage, I am making a binding election for my benefits and am authorizing payroll deduction from my earnings. I understand that if I decline Employee or Spouse coverage at initial eligibility and later decide to elect the coverage, I will be required to submit Evidence of Insurability for any amount elected and will have to be approved by Unum’s Medical Underwriting Dept.

Employee Signature

Date