



# Term Life Insurance Enrollment Form

— Complete this form to enroll.



**THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.**

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Montrose County

## Step 1: Complete your personal information

First name (please print)  M. initial  Last name

Social Security Number  Gender  Date of birth (mm-dd-yyyy)

Street address  Apartment #

City  State  ZIP code  -

Original hire date  Annual salary  \$ Occupation  Hours worked per week

Spouse first name (please print)  M. initial  Last name

Date of birth (mm/dd/yyyy)

## Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

### Term Life Insurance

\* If you've chosen life coverage over the amount of \$150,000 for you, or \$35,000 for your spouse, please complete Evidence of Insurability. Ask your plan administrator for details.

Employee	Spouse	Child
<b>Coverage amount</b>	<b>Coverage amount</b>	<b>Coverage amount</b>
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$150,000 *	<input type="checkbox"/> \$35,000 *	<input type="checkbox"/> \$10,000

Want a different amount?  \$ \_\_\_\_\_  \$ \_\_\_\_\_

### AD&D Insurance

Employee		Spouse		Child	
Coverage amount	Monthly cost	Coverage amount	Monthly cost	Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.35	<input type="checkbox"/> \$5,000	\$0.20	<input type="checkbox"/> \$2,000	\$0.17
<input type="checkbox"/> \$30,000	\$1.05	<input type="checkbox"/> \$15,000	\$0.60	<input type="checkbox"/> \$4,000	\$0.34
<input type="checkbox"/> \$50,000	\$1.75	<input type="checkbox"/> \$25,000	\$1.00	<input type="checkbox"/> \$6,000	\$0.51
<input type="checkbox"/> \$100,000	\$3.50	<input type="checkbox"/> \$30,000	\$1.20	<input type="checkbox"/> \$8,000	\$0.68
<input type="checkbox"/> \$150,000	\$5.25	<input type="checkbox"/> \$35,000	\$1.40	<input type="checkbox"/> \$10,000	\$0.85

Want a different amount?  \$ \_\_\_\_\_  \$ \_\_\_\_\_

DETACH AND RETURN THIS FORM

