

## U-M HEALTH SUPPLEMENTAL FULL-TIME LIFE INSURANCE TEAM MEMBER BENEFICIARY & ENROLLMENT FORM

TEAM MEMBER NAME:	TEAM MEMBER #:	<b><u>BI-WEEKLY PREMIUM AMOUNT</u></b>																								
SOCIAL SECURITY #:	DOB:																									
<b>TEAM MEMBER SUPPLEMENTAL LIFE INSURANCE ELECTION</b>	<p>You may elect *supplemental life coverage in increments of \$10,000, <i>not to exceed</i> seven times your annual salary up to \$1,000,000. <b>Please enter your total supplemental life insurance election: \$</b></p> <p style="color: red; font-size: small;">*During the newly eligible period, Guaranteed Issue (GI) amount is \$400,000, not to exceed three times your annual salary, whichever is the lesser amount. Evidence of Insurability (EOI) will be required for any amount over three times your annual salary or \$400,000.</p>	<p>\$</p> <p>(please reference the contribution calculation worksheet on page 2)</p>																								
<b>TEAM MEMBER SUPPLEMENTAL LIFE INSURANCE BENEFICIARY INFORMATION</b>	<p>Name of Beneficiary* (<i>if more than one is named, proceeds will be paid in equal shares unless otherwise specified below</i>).</p> <p><b>Primary Beneficiary:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Last Name</th> <th style="width: 20%;">First Name</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">% of Benefit</th> </tr> </thead> <tbody> <tr> <td colspan="4">1. _____</td> </tr> <tr> <td colspan="4">2. _____</td> </tr> </tbody> </table> <p><b>Contingent Beneficiary:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Last Name</th> <th style="width: 20%;">First Name</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">% of Benefit</th> </tr> </thead> <tbody> <tr> <td colspan="4">1. _____</td> </tr> <tr> <td colspan="4">2. _____</td> </tr> </tbody> </table> <p>*If you wish to name more than one or two beneficiaries, please contact HR</p>		Last Name	First Name	Relationship	% of Benefit	1. _____				2. _____				Last Name	First Name	Relationship	% of Benefit	1. _____				2. _____			
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<b>DEPENDENT LIFE INSURANCE OPTIONS</b> <small>(If both parents are employed by U-M Health, then <i>only one parent</i> may cover eligible dependents. Coverage covers all legal dependents from live birth up to age 26, once benefit is elected.)</small>	<p>A. \$ 2,500.00 Per Child</p> <p>B. \$ 5,000.00 Per Child</p> <p>C. \$ 10,000 Per Child</p>	<b><u>BI-WEEKLY PREMIUM</u></b>																								
<b>SPOUSAL LIFE INSURANCE OPTIONS</b> <small>(If your spouse is also a U-M Health team member, and eligible for the basic life insurance, you <i>cannot</i> cover your spouse under this plan.)</small>	<p>You may elect *spousal life insurance coverage in increments of \$5,000, <i>not to exceed</i> a coverage maximum of \$150,000. <b>Please enter your total spousal life insurance election: \$</b></p> <p style="color: red; font-size: small;">*The Guaranteed Issue (GI) amount for spousal life insurance is \$25,000, and you can elect any amount lesser than that as long as the total amount is in an increment of \$5,000. Evidence of Insurability (EOI) will be required for any amount over \$25,000.</p>	<p>\$</p> <p>(please reference the contribution calculation worksheet on page 2)</p>																								

I understand that I am making an election concerning my benefits for the full plan year and I am authorizing any necessary adjustments to my wages or payroll deductions, if applicable. My benefit elections are binding, subject to any changes required to comply with federal tax law.

\_\_\_\_\_  
Team Member Signature

\_\_\_\_\_  
Date

\*\*\*\*FOR HUMAN RESOURCES USE ONLY\*\*\*\*

Hire Date:	Effective Date:	Qualifying Event: <input type="checkbox"/> New Hire <input type="checkbox"/> Benefit Eligible <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Qualifying Status Change
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**SUPPLEMENTAL/SPOUSAL LIFE INSURANCE BI-WEEKLY CONTRIBUTION CALCULATION WORKSHEET**

<p><b>To estimate your contribution amount, follow the steps below:</b>  <b>Step 1:</b> Enter your supplemental insurance election amount in <b>BOX A</b>.  <b>Step 2:</b> Divide your election by 1000, enter that amount in <b>BOX B</b>.  <b>Step 3:</b> Skip to the age and premium amount chart below. Find the age group you are in and enter the corresponding premium amount in <b>BOX C</b>.  <b>Step 4:</b> Multiply <b>BOX B</b> and <b>BOX C</b> enter the result in <b>BOX D</b>.  <b>Step 5-E:</b> Multiply <b>BOX D</b> by 12 (months) and divide that amount by 26 (pay periods).  <b>Step 6:</b> Enter that amount into <b>BOX F</b>. The result that you have entered in <b>BOX F</b> is your bi-weekly payroll deduction amount for your supplemental and/or spousal life insurance benefit.</p>	<b>A</b>	<b>\$</b>
	Divided by 1000	
	<b>B</b>	=
	X	
	<b>C</b>	
	<b>D</b>	= \$
	<b>E</b>	<b>X 12 (months), then DIVIDE by 26 (pay periods)</b>
<b>F</b>	= \$	

<b>*Age Range</b>	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>**Premium</b>	.064	.076	.102	.115	.127	.191	.293	.547	.84	1.616	2.622

\*Age Range, for Supplemental Life and Spousal Life, is based on the actively employed team member that is electing coverage.

\*\*Premium amount is monthly. Use the calculation worksheet above to multiply the monthly premium amount by 12, then divide by 26, to get the bi-weekly payroll deduction amount for the calendar year in which you are electing coverage.