

SCLEA and SCPDIA Supplemental Life Insurance

Insured by The Hartford Life & Accident Insurance Company

The County of Sonoma Supplemental Life Insurance Program allows eligible employees to purchase additional Life Insurance coverage based on amounts specified in their bargaining unit MOU. If you qualify for and enroll in Basic Life Insurance you may apply for Supplemental Life Insurance with the maximum combined Basic Life and Supplemental Life not to exceed \$500,000. Please refer to the Employee Health and Welfare Benefits Booklet for basic life insurance coverage information. This coverage is not available for dependents.

When can you enroll? Return this form and the Beneficiary Designation form, if applicable by **Friday, June 24, 2016.**

Approval:

Special Enrollment for SCLEA and SCPDIA: Supplemental Life insurance is automatically approved for an amount up to \$250,000, referred to as a Guaranteed Issue amount. For an amount above \$250,000, Evidence of Good Health is required and Hartford will send a Personal Health Application (PHA) to be completed and returned to them for a decision.

The Cost: Supplemental Life insurance is employee paid with the cost based on your desired coverage amount and your age. If you elect coverage and are approved, the cost will be deducted from your paycheck. The current rates for each \$10,000 in supplemental coverage are:

Age as of January 1 st of current year										
	Under 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Bi-weekly Cost	.28	.31	.39	.59	.86	1.37	2.28	3.38	5.53	10.12
Annual Cost	7.20	8.17	10.20	15.37	22.44	35.77	59.40	88.08	144.35	264.13

How to Enroll: Complete the “Request for Enrollment” form below and send to y the Human Resources (HR) Benefits Unit. Keep a copy for your records. Submittal of the Request for Enrollment is not a guarantee of enrollment. If Hartford requires a Personal Health Application (PHA) it will be mailed to your home address to be completed and returned to Hartford for an approval decision. Incomplete PHA forms could result in denial of your Supplemental Life Insurance application. You will be notified by Hartford of the decision of your application.

SCLEA and SCPDIA
REQUEST FOR ENROLLMENT
 COUNTY OF SONOMA SUPPLEMENTAL LIFE INSURANCE
 GROUP POLICY GL-673199

HR Benefits Unit Use Only
 Effective Date: _____
 Initials: _____

Reason for Enrollment/Change: Change in Status – Adoption of Successor MOU May 24, 2016

<i>Name:</i>	<i>Phone Number:</i>	<i>Employee Id:</i>
<i>Home Address:</i>	<i>Social Security Number:</i>	<i>DOB:</i>
<i>City, State Zip Code:</i>	<i>Department & Bargaining Unit:</i>	<i>Hire Date:</i>

Amount you can apply for? The chart below shows the amount of Supplemental Life you may apply for. Identify your bargaining unit and then in the “Amount Applying for” field, check which level of coverage you wish to apply for:

The Hartford Group # GL-673199				
Bargaining Unit	Basic Life Class	Basic Life and AD&D Insurance	Supplemental Life Employee Paid**	Amount Applying For (Select One)
Unrepresented (00)	1	\$10,000	1, 2, 3 or 4 times your Basic Life Amount	<input type="checkbox"/> 1 times Basic Life <input type="checkbox"/> 2 times Basic Life <input type="checkbox"/> 3 times Basic Life <input type="checkbox"/> 4 times Basic Life
Local 39 (85)	2	\$20,000	1, 2, 3 or 4 times your Basic Life Amount	<input type="checkbox"/> 1 times Basic Life <input type="checkbox"/> 2 times Basic Life <input type="checkbox"/> 3 times Basic Life <input type="checkbox"/> 4 times Basic Life
DSA (46, 47)	3	\$25,000	1, 2, 3 or 4 times your Basic Life Amount	<input type="checkbox"/> 1 times Basic Life <input type="checkbox"/> 2 times Basic Life <input type="checkbox"/> 3 times Basic Life <input type="checkbox"/> 4 times Basic Life
Confidential (51)	4	1.5 times Base Annual Salary	1, 2, 3 or 4 times your Basic Life Amount	<input type="checkbox"/> 1 times Basic Life <input type="checkbox"/> 2 times Basic Life <input type="checkbox"/> 3 times Basic Life <input type="checkbox"/> 4 times Basic Life
Administrative Management (50) Board of Supervisors (49) Department/Agency Heads (52) DLSEM (43), SCDPDAA (60) SCLEMA (44), SCPA (45)	5	2 times Base Annual Salary	1, 2, 3 or 4 times your Basic Life Amount	<input type="checkbox"/> 1 times Basic Life <input type="checkbox"/> 2 times Basic Life <input type="checkbox"/> 3 times Basic Life <input type="checkbox"/> 4 times Basic Life
SEIU (01, 05, 10, 25, 80, 95) SCLEA (30, 40, 41, 70) SCPDIA (55)	6	1 time Base Annual Salary up to \$100,000	Increments of \$10,000 (up to a Combined Total of \$500,000)	Enter your election amount: \$ _____
WCE (21)	7	\$25,000	1, 2, 3 or 4 times your Base Annual Salary	<input type="checkbox"/> 1 times Annual Salary <input type="checkbox"/> 2 times Annual Salary <input type="checkbox"/> 3 times Annual Salary <input type="checkbox"/> 4 times Annual Salary
ESC (75)	8	\$25,000	1, 2, 3, 4 or 5 times your Base Annual Salary	<input type="checkbox"/> 1 times Annual Salary <input type="checkbox"/> 2 times Annual Salary <input type="checkbox"/> 3 times Annual Salary <input type="checkbox"/> 4 times Annual Salary <input type="checkbox"/> 5 times Annual Salary

Upon approval I hereby authorize the County to deduct from my salary the amount necessary to provide the Supplemental Life insurance I have selected above and to forward that amount to The Hartford Life & Accident Insurance Company.

Signature _____

Date _____