

County of Sonoma

Employee Supplemental Life Insurance Enrollment/Change Form

Insured by UnitedHealthcare®

The County of Sonoma Supplemental Life Insurance Program allows eligible employees to purchase additional Life Insurance coverage as specified in their Memorandum of Understanding or Salary Resolution. If you qualify for and are enrolled in Basic Life Insurance you are eligible to apply for Supplemental Life Insurance. Your Basic Life and Supplemental Life coverage cannot exceed a combined \$500,000. Please refer to the Employee Benefits webpage at <https://sonomacounty.ca.gov/HR/Benefits/Benefit-Directory-for-Employees/> for Basic and Supplemental Life insurance coverage information. Dependents are not eligible for Supplemental Life coverage.

Who can enroll?

You are eligible for Supplemental Life if you qualify for and are enrolled in Basic Life Insurance. Full or part time regular employees scheduled to work 60 or more hours per pay period (.75 FTE or greater) are automatically enrolled in Basic Life Insurance. Part-time DSA, SCLEA and ESC employees scheduled to work less than 60 hours per pay period may purchase Basic Life Insurance.

When can I enroll?

- Within 31 days of hire date or initial eligibility
- Annual Enrollment
- Within 31 days of a qualifying Mid-year Event (See Employee Benefits Guide for more information regarding Mid-year Events)

When do I need to complete an Evidence of Insurability (EOI) form?

Newly Eligible: Supplemental Life insurance is automatically approved for an amount up to 3x your Basic Life coverage, referred to as a Guaranteed Issue amount. For any amount above 3x your Basic Life coverage, an EOI form will need to be submitted to UnitedHealthcare® (UHC) for approval.

Annual Enrollment and Mid-year Events: All new elections and increases require an EOI form be submitted to UHC for approval.

Calculating your Base Annual Salary

To determine your Basic and/or Supplemental Life coverage, you may need to know your Base Annual Salary. You can determine your Base Annual Salary using the following formula;

(hourly rate x regularly scheduled hours) x 26.089 = Base Annual Salary = Round up to nearest \$1,000

Example - (\$25.00 x 80) x 26.089 = \$52,178 = \$53,000 Base Annual Salary used for Basic and Supplemental Life

What will it cost me?

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 1st 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	\$0.28	\$0.31	\$0.39	\$0.59	\$0.86	\$1.37	\$2.28	\$3.38	\$5.53	\$10.12
Annual	\$7.20	\$8.17	\$10.20	\$15.37	\$22.44	\$35.77	\$59.40	\$88.08	\$144.35	\$264.13

Part-Time DSA, SCLEA and ESC Employees

Part-time regular DSA, SCLEA and ESC employees working less than 60 hours per pay period (.74 FTE or less) are eligible to purchase Basic and Supplemental Life Insurance. Basic Life Insurance rates are \$0.028 per \$1,000 in coverage. You must purchase Basic Life Insurance to be eligible to purchase Supplemental Life Insurance.

Ready to enroll?

Complete the Request for Enrollment and send to the HR Benefits Unit. Keep a copy for your records. Submittal of the Request for Enrollment is not a guarantee of enrollment. If needed, complete an EOI form and return to UHC for approval. Incomplete EOI forms could result in denial of your Supplemental Life Insurance application. You will be notified by UHC of their decision of your application.

Request for Enrollment

County of Sonoma Supplemental Life Insurance

UnitedHealthcare® Group #306849

HR Benefits Unit Use Only

Effective Date: _____

Initials: _____

eP Entry Date: _____

Reason for Enrollment/Change:

Annual Enrollment

New Hire/Newly Eligible EE

Bargaining Unit Change

Cancel Coverage

Name: _____

Phone Number: _____

Home Address: _____

SSN: _____

City, State, Zip Code: _____

Date of Birth: _____

Department & Bargaining Unit: _____

Hire Date: _____

Employee Id: _____

FTE: _____

Supplemental Life Insurance:

Enroll

Continue

Change

Decline

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

Part Time DSA, SCLEA and ESC:

Enroll

Continue

Change

Decline

Must select Basic Life and AD&D to be eligible for Supplemental Life

Bargaining Unit		Basic Life and AD&D Employee Paid		Supplemental Life Employee Paid	Supplemental Life Amount Applying For (Select One)
Part-Time DSA (46, 47)	3	<input type="checkbox"/> \$25,000	3	1-4x Basic Life Amount	<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x
Part-Time SCLEA (30, 40, 41, 70)	6	<input type="checkbox"/> 1x Base Annual Salary	6B	Increments of \$10,000 (up to a combined total of \$500,000)	Enter your election amount: \$ _____
Part-Time ESC (75)	8	<input type="checkbox"/> \$25,000	8	1-5x Base Annual Salary	<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 5x

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 UnitedHealthcare®.

Signature _____

Date _____