Retiree Life Insurance Enrollment Form

INSTRUCTIONS: Part A to be completed by the Employer/Plan Sponsor. Part B to be completed by the Employee. PART A

Name of Employer/Plan Sponsor North American Division of Seven	th-day Adventists	Group/Plan Number 67807-4	Location					
Account Number 135	Date of Retirement (mm/dd	/////////	Employment Status:					
Effective Date of Coverage or Change								
Employer Address: (street address,	city, state, zip code)		Telephone Number:					
Amount of Supplemental Coverage as of Retirement (if no coverage, please indicate no coverage)								
Employee Coverage: \$	Spouse Co	overage: \$	Child Coverage: \$					
Employer Signature and Title			Date Notice Completed					

PART B **Retiree Information**

			-		-	
Retiree Name (last, first, middle initial)	Date of B	Birth <i>(mm/dd/yyyy)</i>	Socia	I Security #	Retire	ee I.D. #
Retiree Address (street address, city, state, zip code)		Work Phone Numb	er	Home Phone Nu	mber	Female Male

Retiree Life Insurance

Retiree Life	If you retire on or after January 1, 2013 and you are receiving benefits from the Seventh-day Adventist Retirement Plan of the North American Division and/or the Adventist Retirement Plan, you have the opportunity to enroll in the Retiree Life Insurance plan.							
	Total Retiree Life coverage is available from \$10,000 to \$250,000* in \$10,000 increments. Coverage cannot exceed 100% of the amount of Supplemental Life coverage you held prior to retiring. Once you elect a benefit, you may not increase that amount at any time.							
	*Benefit amount reduces to 65% of original coverage at age 70 and to 30% of original coverage at age 75.							
Retiree Life Election	Elect: \$							
	Decline (If you decline coverage, you will not be eligible to enroll at a later date.)							

Quarterly Cost per \$10,000 for Retiree Life Insurance:

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Rate	\$1.50	\$1.83	\$2.01	\$2.76	\$4.17	\$6.78	\$11.73	\$13.50	\$23.73	\$42.90	\$61.80	\$61.80	\$61.80	\$61.80
Rates shown are guaranteed until 01/01/2023 Policy Form LP00GP														

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Beneficiary Information Designate your beneficiary(ies) below.

Name of Beneficiary (last name, first, middle initial)	🗹 Primary	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number
Name of Beneficiary <i>(last name, first, middle initial)</i>	Contingent	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number
Name of Beneficiary (last name, first, middle initial)	Contingent	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

Dependent Spouse Life Insurance

Spouse Life	If your spouse was previously covered for Supplemental Life coverage while you were an active employee and you elect the Retiree Life coverage for yourself, you can elect Spouse Life coverage.							
	Total Spouse Life coverage is available from \$10,000 to \$250,000* in \$10,000 increments. Coverage cannot exceed 100% of the Retiree Life coverage amount or the amount of Spouse Life coverage you held immediately prior to retirement. *Benefit amount reduces to 65% of original coverage at spouse age 70 and to 30% of original coverage at spouse age 75.							
Spouse Name and Date of Birth	Spouse Name	Spouse Date of Birth						
Spouse Life Election	Elect: \$ ÷ \$10,000 = x	(Rate Below) = \$(Your Quarterly Cost)						
	Decline (If you decline coverage, you will not be eligible to enroll your s	spouse at a later date.)						

Note: The employee is the beneficiary for any Dependent Spouse insurance coverage.

Quarterly Cost per \$10,000 for Spouse Life Insurance (based on the spouse's age)

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Rate	\$1.50	\$1.83	\$2.01	\$2.76	\$4.17	\$6.78	\$11.73	\$13.50	\$23.73	\$42.90	\$61.80	\$61.80	\$61.80	\$61.80

Rates shown are guaranteed until 01/01/2023. Policy Form LP00GP.

Dependent Child(ren) Life Insurance

Child(ren) Life	If your children were previously covered for Supplemental Life coverage while you were an active employee and you elect the Retiree Life coverage for yourself, you can elect Child(ren) Life coverage.						
	Total Child(ren) Life coverage (children from birth to less than 26 years) is available from \$1,000 to \$25,000 in \$1,000 increments. Coverage cannot exceed 100% of the Retiree Life coverage amount or the amount of Child(ren) Life coverage you held immediately prior to retirement.						
Child(ren) Life Election	Elect: \$						

Note: The employee is the beneficiary for any Dependent Child(ren) insurance coverage.

Quarterly Cost for Child(ren) Life Insurance:

Child Life Amount	Rate	Child Life Amount	Rate						
\$1,000	\$0.57	\$6,000	\$3.42	\$11,000	\$6.27	\$16,000	\$9.12	\$21,000	\$11.97
\$2,000	\$1.14	\$7,000	\$3.99	\$12,000	\$6.84	\$17,000	\$9.60	\$22,000	\$12.54
\$3,000	\$1.71	\$8,000	\$4.56	\$13,000	\$7.41	\$18,000	\$10.26	\$23,000	\$13.11
\$4,000	\$2.28	\$9,000	\$5.13	\$14,000	\$7.98	\$19,000	\$10.83	\$24,000	\$13.68
\$5,000	\$2.85	\$10,000	\$5.70	\$15,000	\$8.55	\$20,000	\$11.40	\$25,000	\$14.25

Rates shown are guaranteed until 01/01/2023. Policy Form LP00GP.

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

• To the best of my knowledge and belief, the information I have provided on this form is correct.

• I understand my coverage begins on the effective date assigned by ReliaStar Life.

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Employee's Signature	Date Signed (mm/dd/yyyy)

Please keep a copy of the completed form for your records, and mail the original to:

ATTN: ENROLLMENT SELMAN & Company One Integrity Parkway Cleveland, OH 44143-1500

Once the enrollment form is received and processed, you will receive a bill for submission of payment. Please do not include any payment at this time.