

# Retiree Life Insurance Enrollment Form

*INSTRUCTIONS: Part A to be completed by the Employer/Plan Sponsor. Part B to be completed by the Retiree.*

**PART A**

<b>Name of Employer/Plan Sponsor</b> North American Division of Seventh-day Adventists		<b>Group/Plan Number</b> 67807-4	<b>Location</b>
<b>Account Number: 8003- Quarterly Retiree</b>		<b>Date of Retirement (mm/dd/yyyy)</b>	<b>Employment Status:</b> <input checked="" type="checkbox"/> Retired
<b>Effective Date of Coverage</b>			
<b>Employer Address: (street address, city, state, zip code)</b>			
<b>Telephone Number:</b>		<b>Email:</b>	
<b>Amount of Supplemental Coverage as of Retirement (if no coverage, please indicate no coverage)</b>			
Employee Coverage: \$ _____		Spouse Coverage: \$ _____	Child Coverage: \$ _____
<b>Employer Signature and Title</b>			<b>Date Notice Completed</b>

**Retiree Information**

<b>Retiree Name (last, first, middle initial)</b>		<b>Date of Birth (mm/dd/yyyy)</b>	<b>Social Security #</b>
<b>Retiree Address (street address, city, state, zip code)</b>		<b>Contact Phone Number(s)</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

**PART B**

**Retiree Life Insurance**

<b>Retiree Life</b>	<p>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 can enroll in the Retiree Life Insurance plan.</p> <p>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.</p> <p>*Benefit amount reduces to 65% of original coverage at age 70 and to 30% of original coverage at age 75.</p>
<b>Retiree Life Election</b>	<input type="checkbox"/> Elect: \$ _____ ÷ \$10,000 = _____ x _____ = \$ _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Amount Elected)</span> <span>(Rate Below)</span> <span>(Your Quarterly Cost)</span> </div> <input type="checkbox"/> 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+
<b>Rate</b>	\$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 01/01/2026. Policy Form LP00GP.

**Beneficiary Information** Designate your beneficiary(ies) below. Benefit % must add up to 100% if listing more than 1 beneficiary.

Name of Beneficiary (last name, first, middle initial)	<input checked="" type="checkbox"/> Primary	Relationship to Retiree	Benefit %
Address		Date of Birth	Phone Number

Name of Beneficiary (last name, first, middle initial)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Retiree	Benefit %
Address		Date of Birth	Phone Number

Name of Beneficiary (last name, first, middle initial)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Retiree	Benefit %
Address		Date of Birth	Phone Number

**Dependent Spouse Life Insurance**

<b>Spouse Life</b>	<p>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.</p> <p>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.</p> <p>*Benefit amount reduces to 65% of original coverage at spouse age 70 and to 30% of original coverage at spouse age 75.</p>	
<b>Spouse Name and Date of Birth</b>	Spouse Name _____	Spouse Date of Birth _____
<b>Spouse Life Election</b>	<input type="checkbox"/> Elect: \$ _____ ÷ \$10,000 = _____ x _____ = \$ _____ (Amount Elected) (Rate Below) (Your Quarterly Cost)	
	<input type="checkbox"/> Decline (If you decline coverage, you will not be eligible to enroll your spouse at a later date.)	

Note: The Retiree 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 01/01/2026. Policy Form LP00GP.

**Dependent Child(ren) Life Insurance**

<b>Child(ren) Life</b>	<p>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.</p> <p>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.</p>
<b>Child(ren) Life Election</b>	<p><input type="checkbox"/> Elect: \$ _____ \$ _____                  (Amount Elected) (Your Quarterly Cost)</p> <p><input type="checkbox"/> Decline (If you decline coverage, you will not be eligible to enroll your children at a later date.)</p>

Note: The Retiree 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	Child Life Amount	Rate	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

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**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.**

Retiree's Signature	Date Signed (mm/dd/yyyy)
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Please keep a copy of the completed form for your records.

Email to: [EBGRPNB@voya.com](mailto:EBGRPNB@voya.com)

Or mail to: ATTN: NEW BUSINESS – RELIASTAR LIFE INSURANCE COMPANY  
 250 Marquette Avenue  
 Suite 900  
 Minneapolis, MN 55401

Questions: 1-800-955-7736

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.