Standard Insurance Company **Adding or Increasing Voluntary Group Life Insurance**

Complete all sections and return form to Human Resources at MS 33-157. If you return the form by the 20th of the month your addition/increase of coverage will become effective the first of the following month. If you return the form after the 20th of the month, your addition/increase of coverage will become effective the 1st of the second following month. If you are adding coverage or increasing the amount of coverage for you and/or your spouse/domestic partner, ***you both must fill out a medical history statement and attach it to this form****.*

Your Name: (Last, First, Middle) **Group Number:**

Group Name: Seattle Public Schools **Soc. Sec. No.:**

Monthly Premium Calculation: Rate Table and Your Monthly Costs

Rates per $1,000	Age < 25 $ 0.05 Age 25 – 29 $ 0.06	Age 30 – 34 $0.08 Age 35 – 39 $0.09	Age 40 – 44 $0.12 Age 45 – 49 $0.20	Age 50 – 54 $0.30 Age 55 – 59 $0.51	Age 60 – 64 $0.67 Age 65 – 69 $1.27 Age 70 + $ 2.06

Adding Voluntary Life Insurance

Person to be Insured		Maximum Available	Monthly Rates (based on your age, from table above)	Amount To Be Purchased (in $10,000 increments)	Your Monthly Cost(1)	Medical History Statement Attached (2)
Employee		6 times annual base salary	$ _____	$_____	$_____	***Required***
Spouse or Domestic Partner		Half of employee amount	Same as employee	$_____	$_____	
Children: choose	either	$5,000		$5,000	$1.00 / month	Circle only one amount ⇦
	or	$10,000		$10,000	$2.00 / month	

(1) To calculate Your Cost:
Divide Amount Purchased by $1,000, then multiply by Rate. **Example for a 40-year old**: $250,000 ÷ 1,000 = $250. $250 x $0.12 = $30.00 per month cost

(2) Because you missed the deadline for Guaranteed Issue Life Insurance, a Medical History Statement must be filled out for you and your spouse/domestic partner and attached to this form. A Medical History Statement can be found online at **www.ourpasswordpage.com** (password: sps) or call the **Benefits Helpline**: (206) 957-7066 or (800) 946-7066, or send an email to **benefits@seattleschools.org**.

Increase in Coverage

Please increase the amount of my contributory group insurance coverage as indicated.

☐ Employee Life New requested amount _____

☐ Dependents Life: Spouse/Domestic Partner New requested amount _____
(If you increase your spouse/domestic partner coverage; you may need to also increase coverage for yourself because your spouse/domestic partner coverage can be ***no more than half of your own coverage****.)*

☐ Dependents Life: Children New requested amount _____

SIGNATURE

I wish to add or increase my group insurance coverage as noted above. I understand I am required to provide Evidence Of Insurability at my own expense to add or increase coverage and that Standard Insurance Company has the right to refuse my request.

Member Signature Required	Date (Mo/Day/Yr)

Return this form to Human Resources: JSCEE, MS 33-157, PO Box 34165 Seattle WA 98124