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|--|---|---|
| <input type="checkbox"/> Initial (New Hire) Enrollment | <input type="checkbox"/> Increase in Coverage | <input type="checkbox"/> Change of Beneficiary |
| <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> Decrease in Coverage | <input type="checkbox"/> Change of Name/Address _____ |

| | | | | | |
|--------------------------|------------|------------------------|-------|---|------------|
| Name (Last, First, M.I.) | | Social Security Number | | Employee Identification Number | |
| Street Address | | City | State | Zip Code | Home Phone |
| Hi Org | Department | | | Date of Hire | Work Phone |
| Effective Date | Salary | Birth Date | | Group Number: Term #: 561416 / AD&D #: 0015858-30 | |

BASIC LIFE INSURANCE: Pima County provides all eligible employees with a \$50,000 basic term life insurance policy and a \$50,000 basic accidental death and dismemberment policy.

DEPENDENT LIFE INSURANCE: For .63 per pay period, employees can elect to purchase term life insurance coverage for their family members, including a \$5,000 policy for your spouse and a \$2,000 for each child. If elected, you must complete the section below and identify the family members for whom you have elected dependent life insurance.

Check the option you want:

| | | |
|--|---|-----------------|
| <input type="checkbox"/> Yes, I elect dependent life insurance | <input type="checkbox"/> No, I Waive coverage | Initials: _____ |
|--|---|-----------------|

ADDITIONAL (SUPPLEMENTAL) LIFE INSURANCE: Employees may elect to purchase additional term life insurance to supplement the basic life insurance policy provided by Pima County. The rates are based upon your salary and age. Your insurance representative can give you the per pay period rates that would be deducted based on your current status. Humana Life Insurance Company requires an Evidence of Insurability if you elect additional life insurance after your initial eligibility period which is the first 30 days of employment with Pima County and/or if you elect to increase your level of coverage. Such election of insurance can only be done during the annual open enrollment. Contact your insurance representative or Human Resources (at 724-8464) for an Evidence of Insurability form.

Check the option you want:

| | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> One times annual salary | <input type="checkbox"/> Two times annual salary | <input type="checkbox"/> Three times annual salary | <input type="checkbox"/> Four times annual salary | <input type="checkbox"/> Waive coverage Initials: _____ |
|--|--|--|---|--|

ACCIDENTAL DEATH & DISMEMBERMENT: Employees may elect to purchase accidental death and dismemberment insurance (AD&D) for themselves and/or their family. You must have selected additional (supplemental) life insurance in order to select one of these options. Family coverage includes 100% of the employee's elected salary level coverage for the spouse and \$2,500 for child(ren).

Check the option you want:

| | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Two times annual salary, employee only | <input type="checkbox"/> Four times annual salary, employee only | <input type="checkbox"/> Six times annual salary, employee only | <input type="checkbox"/> Eight times annual salary, employee only | <input type="checkbox"/> Waive coverage Initials: _____ |
|---|--|---|---|--|

or

| | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Two times annual salary, employee plus family | <input type="checkbox"/> Four times annual salary, employee plus family | <input type="checkbox"/> Six times annual salary, employee plus family | <input type="checkbox"/> Eight times annual salary, employee plus family | <input type="checkbox"/> Waive coverage Initials: _____ |
|--|---|--|--|--|

DEPENDENT LIFE INSURANCE: If you have selected term life and/or accidental death and dismemberment insurance for your dependent(s), you **must** list each family member to be covered. Refer to Personnel Policy 8-122 for definition of eligible dependents for insurance coverage purposes.

| DEPENDENT(S) FULL NAME (LAST, FIRST, M.I.) | SOCIAL SECURITY NO. | BIRTH DATE | RELATIONSHIP TO YOU |
|--|---------------------|------------|---------------------|
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Employee Signature: _____ Date: _____

ADDITIONAL INFORMATION

| | | |
|---------------------------|--------|--------------------------------|
| Name (Last, First, M.I.) | Hi Org | Employee Identification Number |
|---------------------------|--------|--------------------------------|

BENEFICIARY INFORMATION: All employees must complete this section. If you designate a trust or trustee, you must have a written trust agreement. If you designate a minor (a person not of legal age) it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. This means legal expense for the beneficiary and delay in the payment for the insurance. Please take this into consideration when naming your beneficiary. See below for examples and for additional beneficiary designation.

PRIMARY

| Full Name | % of Benefit | Social Security Number | Address | Relationship to You |
|-----------|--------------|------------------------|---------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CONTINGENT

| Full Name | % of Benefit | Social Security Number | Address | Relationship to You |
|-----------|--------------|------------------------|---------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Beneficiary Information: _____

BENEFICIARY EXAMPLES:

Primary – Two Primary Beneficiaries

| | | | | |
|------------|-----|-------------|-----------------------------------|----------|
| John Smith | 60% | 000-00-7777 | 77 America St., Anytown, AZ 85700 | Husband |
| Anna Smith | 40% | 000-00-7899 | 789 Main St., Anytown, AZ 85700 | Daughter |

Contingent – One Primary & Two Contingent Beneficiaries:

Primary:

| | | | | |
|------------|------|-------------|-----------------------------------|---------|
| John Smith | 100% | 000-00-7777 | 77 America St., Anytown, AZ 85700 | Husband |
|------------|------|-------------|-----------------------------------|---------|

Contingent:

| | | | | |
|--------------|-----|-------------|---------------------------------|----------|
| Quincy Smith | 50% | 000-00-7900 | 123 Tree St., Anytown, AZ 85700 | Son |
| Anna Smith | 50% | 000-00-7899 | 789 Main St., Anytown, AZ 85700 | Daughter |

STATEMENT OF UNDERSTANDING: *I certify that all information on Page 1 and Page 2 of this document is correct. I understand that if during an open enrollment period I am enrolling in the life insurance program and it is past my initial thirty (30) days of eligible employment or I am increasing my level of coverage, the action will be effective the first day of the pay period following approval from Humana Life Insurance Company. I may change my level of coverage only during open enrollment unless I have a qualifying event and make my change within thirty-one (31) calendar days of the vent. I may elect to continue my life insurance coverage upon termination of my employment with Pima County.*

Employee Signature: _____ Date: _____