

Samford University
Optional Life/AD&D/Spousal/Child Life Insurance

Name: _____ Social Security #: _____

Department: _____ Date of Hire: _____

Beneficiary: _____ Relationship: _____

Contingent Beneficiary: _____ Relationship: _____

Yes No Employee Paid Life (\$10k or any multiple of \$10k up to \$500k) (All elections will be subject to evidence of insurability)

_____ X _____ = _____
Multiple of \$10,000 Rate Monthly Premium

Yes No Spousal Life Insurance (\$10k or any multiple of \$10k up to \$500k) (All elections will be subject to evidence of insurability)

_____ X _____ = _____
Multiple of \$10,000 Rate Monthly Premium

Spouse's Name: _____

Spouse's Date of Birth: _____

Yes No Voluntary AD&D (employee only 1.9 cents/\$1000; family 3 cents/\$1000)

_____ X _____ = _____
Multiple of \$1,000 Rate Monthly Premium

Yes No Child Life Insurance (\$5000 or \$10,000) (Must also elect Employee Life or Spousal Life to choose this benefit)

_____ X \$1.00 _____ = _____
Multiple of \$5000 Monthly Premium
\$1.00 per month per \$5000 regardless of the number of children insured. \$10,000 maximum.

Child(ren)'s Name(s): _____

Child(ren)'s Date(s) of Birth: _____

I hereby apply as indicated for the life insurances provided through Samford University. I authorize Samford University to deduct from my earnings the contributions required for my cost of such insurance. This authorization will remain in force until revoked by me.

I have been given the opportunity to apply for the above supplemental insurance. If I decide not to apply for such insurance, I understand if I later make application for any such insurance, the life insurance carrier has the right to either refuse such application or to require evidence of insurability at my own expense.

Signature: _____

Date: _____

Employee and/or Spouse Paid Life (Voluntary) – Minimum of \$10k or any multiple of \$10K up to \$500k.
Monthly rate per \$10,000:

Under 30	.60	45-49	2.00	65-69	14.30
30-34	.80	50-54	3.40	70-74	22.80
35-39	.90	55-59	5.80	75+	40.40
40-44	1.40	60-64	9.10		

Employee Paid AD&D (Voluntary) – Minimum of \$1000 or any multiple of \$1000 up to \$500,000.
Amounts in excess of \$250,000 cannot exceed 10 times employee's salary. Spouse amount is equal to 50% of the employee benefit and dependent child amount is equal to 10% of the employee benefit (if there are no dependent children, the spouse's benefit is equal to 60% of the employee benefit; if there is no spouse, the dependent child's benefit is equal to 15% of the employee benefit.) Maximum per child is \$50,000.

Employee only - \$.019 per \$1000.00 (1.9 cents per \$1000)

Employee plus family - \$.030 per \$1000.00 (3 cents per \$1000)

Child Life – Minimum of \$5000 or maximum of \$10,000 regardless of the number of children insured.
You must purchase either Employee Paid Life or Spouse Paid Life to purchase Child Life Insurance.
Monthly rate: \$1.00 per family per month - \$5000 benefit, \$2.00 per family per month - \$10,000 benefit.