



Human Resources

The Standard Insurance Company

Lee County Board of County Commissioners - Group #164657

ADDITIONAL LIFE INSURANCE

New Hire Enrollment

Hire Date: _____

Change in Enrollment - after initial enrollment call HR for detailed information

Effective Date: _____

Department/Entity: _____

To be Completed by the Employee

Employee Name:

Social Security Number: _____

Last: _____ First: _____ MI _____

Date of Birth: _____

Male Female

Street Address: _____

Phone Number: _____

City: _____ State: _____ Zip: _____

Do you wish to Enroll in Additional Life Insurance (check all that apply).
NOTE: If enrolling outside of new hire enrollment, Evidence of Insurability is required, as the guarantee issue amounts below do NOT apply.

EMPLOYEE: Additional Amount Requesting \$ _____

New Hires - You may elect a minimum of \$25,000 in increments of \$1,000 up to a guarantee issue amount of \$300,000 without submitting health questions. You may elect \$301,000 up to a maximum of \$500,000 - requires *Evidence of Insurability/Health Questions and a decision by the carrier.

SPOUSE: Additional Amount Requesting \$ _____ Spouse Name _____ DOB _____ You may elect a minimum of \$25,000 in increments of \$1,000 up to a guarantee issue amount of \$50,000 without submitting health questions. You may elect \$51,000 up to a maximum of \$250,000 - requires *Evidence of insurability/Health Questions and a decision by the carrier. NOTE: You may not enroll your spouse for more than half (50%) of your additional amount.

CHILD (REN): Additional Amount Requesting \$ _____ NOTE: when electing this coverage, it applies to all children who are eligible. You may elect a minimum of \$5,000 in increments of \$5,000 up to a maximum of \$25,000 (health questions are not required). You may not enroll your child (ren) for more than half (50%) of your additional amount.

Employee Signature Required: _____ Date: _____

Signature: I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Return completed form to your Human Resources Department or send to our secure email - benefits@leegov.com

*Evidence of Insurability (Health Questions) may be completed online at: https://myeoi.standard.com/164657

You will receive a decision directly from the carrier. Do NOT send health information to HR.