



The Lincoln National Life Insurance Company
 P.O. Box 2616, Omaha, NE 68103-2616
 Phone: 800-423-2765 Fax: 877-573-6177

New Enrollment
 Change Beneficiary
 Change Coverage
 Terminate Coverage

EMPLOYEE				
Name:				
Address:				
Social Security Number:	Date of Birth:	Date of FT Hire:	Phone:	Email:

VOLUNTARY COVERAGE ELECTIONS (OPTIONAL)							
Employee:	Decline <input type="checkbox"/>	\$30K <input type="checkbox"/>	\$50K <input type="checkbox"/>	\$100K <input type="checkbox"/>	\$160K <input type="checkbox"/>	Cost:	
Spouse:	Decline <input type="checkbox"/>	\$5K <input type="checkbox"/>	\$10K <input type="checkbox"/>	\$20K <input type="checkbox"/>	\$30K <input type="checkbox"/>	\$50K <input type="checkbox"/>	Cost:
Child:	Decline <input type="checkbox"/>	\$10K <input type="checkbox"/>					Cost: \$0.80 (if electing)
Spouse Name: (if electing coverage)				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Social Security Number:	Effective Date:		Date of Birth:		Date of Marriage:		
*Some employees are enrolled in amounts that are not listed above. These amounts are grandfathered from a previous insurance contract. If an employee elects to change their grandfathered amounts, they will be required to go through medical underwriting.							

- Employees may not cover other Madison County Commission employees as dependents.
- Spouse coverage is calculated using the **employee's** age.
- Employees must enroll/purchase coverage on themselves to elect coverage on dependents (spouse or child).
- Coverage on a spouse may not exceed 100% of the employee's benefit.
- The \$10K Child Life covers all minor children at the same rate. Child Life premiums remain the same regardless of the number of children including adopted and step-children living in the eligible employee's home and is considered a dependent through age 20 or age 26 if registered as a full-time student.
- The lowest options are guarantee issue for new enrollments or for New Hires up to the \$160 volume and \$50 spouse. One level increases are guarantee issue for existing participants.

LONG TERM DISABILITY COVERAGE	
*I would like to elect Long Term Disability coverage.	Enroll <input type="checkbox"/> Decline <input type="checkbox"/>

BENEFICIARY DESIGNATION (REQUIRED)

Primary – Full Name	Address	Birth Date	Phone No.	Relationship	% of Benefit (Total Must Equal 100%)
Contingent – Full Name	Address	Birth Date	Phone No.	Relationship	% of Benefit (Total Must Equal 100%)

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

Signature:**Date:****Beneficiary Information**

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated”.
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.



Voluntary Life Rates

Age	\$5K	\$10K	\$20K	\$30K	\$50K	\$80K	\$100K	\$160K
<30	0.14	0.28	0.55	0.83	1.38	2.22	2.77	4.43
30-34	0.18	0.37	0.74	1.11	1.85	2.95	3.69	5.91
35-39	0.23	0.46	0.92	1.38	2.31	3.69	4.62	7.38
40-44	0.28	0.55	1.11	1.66	2.77	4.43	5.54	8.86
45-49	0.42	0.83	1.66	2.49	4.15	6.65	8.31	13.29
50-54	0.67	1.34	2.68	4.02	6.69	10.71	13.38	21.42
55-59	1.20	2.40	4.80	7.20	12.00	19.20	24.00	38.40
60-64	1.68	3.37	6.74	10.11	16.85	26.95	33.69	53.91
65-69	2.98	5.95	11.91	17.86	29.77	47.63	59.54	95.26
70-74	4.82	9.65	19.29	28.94	48.23	77.17	96.46	154.34
75	4.82	9.65	19.29	28.94	48.23	77.17	96.46	154.34

Long Term Disability

How to Calculate Your LTD Premium:

Monthly Earnings x Age Banded Rate = Monthly Premium

(Monthly Premium x 12) / 26 = Bi-weekly Premium

How to calculate your LTD Benefit:

Annual Salary / 12 x 60% = Monthly Benefit

Monthly Benefit Max = \$5,000

Age-Banded Rate	
Age	Rate
< 30	\$0.0014
30 - 34	\$0.0024
35 - 39	\$0.0041
40 - 44	\$0.0062
45 - 49	\$0.0086
50 - 54	\$.0112
55 - 59	\$.0143
60 - 64	\$.0119
65 - 69	\$0.0093
70 - 99	\$0.0082