



Lincoln Voluntary Life Insurance Enrollment & Changes

Employee Information:

Name:	Gender:	Date of Hire:	Hrs Worked:
Email:	SSN:	Phone:	
Address:	City:	ZIP:	State:

To enroll in the Lincoln Voluntary Life Insurance, you need to complete the application below. Refer to policy information to calculate your individual rates.

- NEW ENROLLMENT
- CHANGE COVERAGE
- TERMINATION OF COVERAGE
- DECLINE ALL COVERAGE

Employee Coverage Options (All coverage amounts are subject to the limitations and exclusions as stated in the policy)

- \$20K
- \$50K
- \$100K
- \$160K
- \$250K

Spouse Coverage Options (Spouse amount cannot exceed 100% of the employees elected amount)

- \$10K
- \$25K
- \$50K
- \$100K

Spouse Name:	Sex:
SSN:	DOB: Marriage Date:

Child Coverage Options

- \$10K

Important Notes & Acknowledgement

- Employees may not cover other Madison County Commission employees as dependents.
- 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 \$160K and \$50K spouse. One level increases are guarantee issue for existing participants.

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.

Employee Signature	Date:
--------------------	-------



