



## 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.**

- |  |   |
|--|---|
| <input type="checkbox"/> NEW ENROLLMENT          | <input type="checkbox"/> CHANGE COVERAGE      |
| <input type="checkbox"/> TERMINATION OF COVERAGE | <input type="checkbox"/> DECLINE ALL COVERAGE |

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

- |   |  |
|---|--|
| <input type="checkbox"/> \$20K                | <input type="checkbox"/> \$50K               |
| <input type="checkbox"/> \$100K               | <input type="checkbox"/> \$160K              |
| <input type="checkbox"/> \$250K               | <input type="checkbox"/> ADD 10K TO EXISTING |
| <input type="checkbox"/> OTHER AMOUNT : _____ |  |

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

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> \$10K                | <input type="checkbox"/> \$25K  |
| <input type="checkbox"/> \$50K                | <input type="checkbox"/> \$100K |
| <input type="checkbox"/> ADD 10K TO EXISTING  |                                 |
| <input type="checkbox"/> OTHER AMOUNT : _____ |                                 |

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 confirm my selections on this form. If electing coverage, I authorize payroll deductions for my contributions, as needed, and acknowledge that deduction amounts may change with coverage or cost adjustments.

Employee Signature	Date:
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