



# ARCHDIOCESE OF ST. LOUIS

## HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Hartford Customer Service 1.800.523.2233

Policy # 677885

### Supplemental Life Insurance Form

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_

For Employer Use Only:  
Location Code #: \_  
Employer Name: \_

Social Security#: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Salary: Not required, default to \$1- annual

Select One of the Following:  Enroll  Change  Cancel Effective Date: \_\_\_\_\_

### Supplemental Life Insurance - Employee

You have the opportunity to enroll in Archdiocese of St. Louis's Supplemental Life Insurance plan. You may elect coverage in **\$10,000** increments up to a maximum of \$300,000. **If you are a new hire and enrolling within 31 days of your date of hire, you are guaranteed coverage up to \$100,000. If you elect coverage greater than \$100,000, you are required to complete Evidence of Insurability (EOI) and be approved for the extra coverage. If you are enrolling after your 31 day enrollment period, you are considered a late enrollee and will need to complete Evidence of Insurability (EOI) and be approved for any amount of coverage.**

Please refer to the Premium Worksheet at the end of this form to determine your monthly cost for this coverage.

I elect to **enroll in or change** the Supplemental Life plan at the monthly cost indicated on the Premium Worksheet for the coverage amount below.

Elected Benefit Amount in \$10,000 Increments: \_\_\_\_\_

I elect to **decline/cancel** the Supplemental Life plan.

Note: Benefits will automatically reduce to 65% of your elected amount on July 1 following the date you turn age 70, to 45% at age 75 and to 30% at age 80.

### Supplemental Life Insurance - Spouse

If you elect the Supplemental Life Insurance for yourself, you may elect Supplemental Life Insurance for your Spouse. Your election may be made in increments of **\$5,000** to a maximum of \$150,000 but may not exceed 50% of your approved election. If you are a timely applicant, your spouse is guaranteed coverage up to \$25,000. If electing coverage as a late enrollee or over \$25,000, *Evidence of Insurability (EOI)* will need to be completed and approved before coverage is effective.

Please refer to the Premium Worksheet at the end of this form to determine your monthly cost for this coverage.

**Note: supplemental spouse premiums are based on the employee's age not the spouse's age.**

I elect to **enroll in or change** my Spousal Supplemental Life plan at the monthly cost indicated on the Premium Worksheet for the coverage amount below.

Elected Benefit Amount in \$5,000 Increments: \_\_\_\_\_

I elect to **decline/cancel** the Supplemental Life plan for my Spouse.

Spouse First Name	Spouse Last Name	Gender	Marriage Date	Birth Date	Social Security #

## Supplemental Life Insurance - Child(ren)

**If you elect the Supplemental Life Insurance for yourself**, you may elect Supplemental Life coverage for your Dependent Child(ren). Your election may be made in increments of \$5,000 to a maximum of \$15,000. Children are covered from age 14 days to their 26<sup>th</sup> birthday regardless of student status. **Employees must complete and submit a *Hartford Supplemental Life Insurance Form* to their employer's business manager to drop a dependent child's supplemental insurance coverage upon attainment of age 26, as this is not an automatic process.**

Please refer to the Premium Worksheet at the end of this form to determine your monthly cost for this coverage. One premium will insure all your eligible children, regardless of the number of children you have.

I elect to **enroll in or change** my dependent child(ren) Supplemental Life plan at the monthly cost indicated on the Premium Worksheet for the coverage amount below.

Elected Benefit Amount: \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$15,000 \_\_\_\_\_

I elect to **decline/cancel** the Supplemental Life plan for my dependent child(ren).

Child First Name	Child Last Name	Gender	Birth Date	Social Security#

## Employee Confirmation

I have been given the opportunity to enroll in Archdiocese of St. Louis's Group Supplemental Life Insurance plan. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Hartford Life and understand my request for coverage may be denied.

I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis. I am not now disabled and I am performing all the duties of my occupation on a full-time basis.

**Signature:** \_\_\_\_\_

**Date:** \_

**Email:** \_\_\_\_\_

- Instructions: 1. Please fax or give the completed form to your Benefits Administrator at your parish/office/agency/school.  
2. Keep a copy for your records.

# Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

<b>SUPPLEMENTAL TERM LIFE INSURANCE</b>												
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.60	\$0.60	\$0.68	\$0.73	\$1.01	\$1.42	\$2.42	\$4.17	\$6.41	\$9.01	\$12.71	\$19.86
\$20,000	\$1.20	\$1.20	\$1.36	\$1.46	\$2.02	\$2.84	\$4.84	\$8.34	\$12.82	\$18.02	\$25.42	\$39.72
\$30,000	\$1.80	\$1.80	\$2.04	\$2.19	\$3.03	\$4.26	\$7.26	\$12.51	\$19.23	\$27.03	\$38.13	\$59.58
\$40,000	\$2.40	\$2.40	\$2.72	\$2.92	\$4.04	\$5.68	\$9.68	\$16.68	\$25.64	\$36.04	\$50.84	\$79.44
\$50,000	\$3.00	\$3.00	\$3.40	\$3.65	\$5.05	\$7.10	\$12.10	\$20.85	\$32.05	\$45.05	\$63.55	\$99.30
\$60,000	\$3.60	\$3.60	\$4.08	\$4.38	\$6.06	\$8.52	\$14.52	\$25.02	\$38.46	\$54.06	\$76.26	\$119.16
\$70,000	\$4.20	\$4.20	\$4.76	\$5.11	\$7.07	\$9.94	\$16.94	\$29.19	\$44.87	\$63.07	\$88.97	\$139.02
\$80,000	\$4.80	\$4.80	\$5.44	\$5.84	\$8.08	\$11.36	\$19.36	\$33.36	\$51.28	\$72.08	\$101.68	\$158.88
\$90,000	\$5.40	\$5.40	\$6.12	\$6.57	\$9.09	\$12.78	\$21.78	\$37.53	\$57.69	\$81.09	\$114.39	\$178.74
\$100,000	\$6.00	\$6.00	\$6.80	\$7.30	\$10.10	\$14.20	\$24.20	\$41.70	\$64.10	\$90.10	\$127.10	\$198.60
\$110,000	\$6.60	\$6.60	\$7.48	\$8.03	\$11.11	\$15.62	\$26.62	\$45.87	\$70.51	\$99.11	\$139.81	\$218.46
\$120,000	\$7.20	\$7.20	\$8.16	\$8.76	\$12.12	\$17.04	\$29.04	\$50.04	\$76.92	\$108.12	\$152.52	\$238.32
\$130,000	\$7.80	\$7.80	\$8.84	\$9.49	\$13.13	\$18.46	\$31.46	\$54.21	\$83.33	\$117.13	\$165.23	\$258.18
\$140,000	\$8.40	\$8.40	\$9.52	\$10.22	\$14.14	\$19.88	\$33.88	\$58.38	\$89.74	\$126.14	\$177.94	\$278.04
\$150,000	\$9.00	\$9.00	\$10.20	\$10.95	\$15.15	\$21.30	\$36.30	\$62.55	\$96.15	\$135.15	\$190.65	\$297.90
\$160,000	\$9.60	\$9.60	\$10.88	\$11.68	\$16.16	\$22.72	\$38.72	\$66.72	\$102.56	\$144.16	\$203.36	\$317.76
\$170,000	\$10.20	\$10.20	\$11.56	\$12.41	\$17.17	\$24.14	\$41.14	\$70.89	\$108.97	\$153.17	\$216.07	\$337.62
\$180,000	\$10.80	\$10.80	\$12.24	\$13.14	\$18.18	\$25.56	\$43.56	\$75.06	\$115.38	\$162.18	\$228.78	\$357.48
\$190,000	\$11.40	\$11.40	\$12.92	\$13.87	\$19.19	\$26.98	\$45.98	\$79.23	\$121.79	\$171.19	\$241.49	\$377.34
\$200,000	\$12.00	\$12.00	\$13.60	\$14.60	\$20.20	\$28.40	\$48.40	\$83.40	\$128.20	\$180.20	\$254.20	\$397.20
\$210,000	\$12.60	\$12.60	\$14.28	\$15.33	\$21.21	\$29.82	\$50.82	\$87.57	\$134.61	\$189.21	\$266.91	\$417.06
\$220,000	\$13.20	\$13.20	\$14.96	\$16.06	\$22.22	\$31.24	\$53.24	\$91.74	\$141.02	\$198.22	\$279.62	\$436.92
\$230,000	\$13.80	\$13.80	\$15.64	\$16.79	\$23.23	\$32.66	\$55.66	\$95.91	\$147.43	\$207.23	\$292.33	\$456.78
\$240,000	\$14.40	\$14.40	\$16.32	\$17.52	\$24.24	\$34.08	\$58.08	\$100.08	\$153.84	\$216.24	\$305.04	\$476.64
\$250,000	\$15.00	\$15.00	\$17.00	\$18.25	\$25.25	\$35.50	\$60.50	\$104.25	\$160.25	\$225.25	\$317.75	\$496.50
\$260,000	\$15.60	\$15.60	\$17.68	\$18.98	\$26.26	\$36.92	\$62.92	\$108.42	\$166.66	\$234.26	\$330.46	\$516.36
\$270,000	\$16.20	\$16.20	\$18.36	\$19.71	\$27.27	\$38.34	\$65.34	\$112.59	\$173.07	\$243.27	\$343.17	\$536.22
\$280,000	\$16.80	\$16.80	\$19.04	\$20.44	\$28.28	\$39.76	\$67.76	\$116.76	\$179.48	\$252.28	\$355.88	\$556.08
\$290,000	\$17.40	\$17.40	\$19.72	\$21.17	\$29.29	\$41.18	\$70.18	\$120.93	\$185.89	\$261.29	\$368.59	\$575.94
\$300,000	\$18.00	\$18.00	\$20.40	\$21.90	\$30.30	\$42.60	\$72.60	\$125.10	\$192.30	\$270.30	\$381.30	\$595.80

<b>SPOUSE SUPPLEMENTAL TERM LIFE INSURANCE</b>												
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>												
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.30	\$0.30	\$0.34	\$0.37	\$0.51	\$0.71	\$1.21	\$2.09	\$3.21	\$4.51	\$6.36	\$9.93
\$10,000	\$0.60	\$0.60	\$0.68	\$0.73	\$1.01	\$1.42	\$2.42	\$4.17	\$6.41	\$9.01	\$12.71	\$19.86
\$15,000	\$0.90	\$0.90	\$1.02	\$1.10	\$1.52	\$2.13	\$3.63	\$6.26	\$9.62	\$13.52	\$19.07	\$29.79
\$20,000	\$1.20	\$1.20	\$1.36	\$1.46	\$2.02	\$2.84	\$4.84	\$8.34	\$12.82	\$18.02	\$25.42	\$39.72
\$25,000	\$1.50	\$1.50	\$1.70	\$1.83	\$2.53	\$3.55	\$6.05	\$10.43	\$16.03	\$22.53	\$31.78	\$49.65
\$30,000	\$1.80	\$1.80	\$2.04	\$2.19	\$3.03	\$4.26	\$7.26	\$12.51	\$19.23	\$27.03	\$38.13	\$59.58
\$35,000	\$2.10	\$2.10	\$2.38	\$2.56	\$3.54	\$4.97	\$8.47	\$14.60	\$22.44	\$31.54	\$44.49	\$69.51
\$40,000	\$2.40	\$2.40	\$2.72	\$2.92	\$4.04	\$5.68	\$9.68	\$16.68	\$25.64	\$36.04	\$50.84	\$79.44
\$45,000	\$2.70	\$2.70	\$3.06	\$3.29	\$4.55	\$6.39	\$10.89	\$18.77	\$28.85	\$40.55	\$57.20	\$89.37

\$50,000	\$3.00	\$3.00	\$3.40	\$3.65	\$5.05	\$7.10	\$12.10	\$20.85	\$32.05	\$45.05	\$63.55	\$99.30
\$55,000	\$3.30	\$3.30	\$3.74	\$4.02	\$5.56	\$7.81	\$13.31	\$22.94	\$35.26	\$49.56	\$69.91	\$109.23
\$60,000	\$3.60	\$3.60	\$4.08	\$4.38	\$6.06	\$8.52	\$14.52	\$25.02	\$38.46	\$54.06	\$76.26	\$119.16
\$65,000	\$3.90	\$3.90	\$4.42	\$4.75	\$6.57	\$9.23	\$15.73	\$27.11	\$41.67	\$58.57	\$82.62	\$129.09
\$70,000	\$4.20	\$4.20	\$4.76	\$5.11	\$7.07	\$9.94	\$16.94	\$29.19	\$44.87	\$63.07	\$88.97	\$139.02
\$75,000	\$4.50	\$4.50	\$5.10	\$5.48	\$7.58	\$10.65	\$18.15	\$31.28	\$48.08	\$67.58	\$95.33	\$148.95
\$80,000	\$4.80	\$4.80	\$5.44	\$5.84	\$8.08	\$11.36	\$19.36	\$33.36	\$51.28	\$72.08	\$101.68	\$158.88
\$85,000	\$5.10	\$5.10	\$5.78	\$6.21	\$8.59	\$12.07	\$20.57	\$35.45	\$54.49	\$76.59	\$108.04	\$168.81
\$90,000	\$5.40	\$5.40	\$6.12	\$6.57	\$9.09	\$12.78	\$21.78	\$37.53	\$57.69	\$81.09	\$114.39	\$178.74
\$95,000	\$5.70	\$5.70	\$6.46	\$6.94	\$9.60	\$13.49	\$22.99	\$39.62	\$60.90	\$85.60	\$120.75	\$188.67
\$100,000	\$6.00	\$6.00	\$6.80	\$7.30	\$10.10	\$14.20	\$24.20	\$41.70	\$64.10	\$90.10	\$127.10	\$198.60
\$105,000	\$6.30	\$6.30	\$7.14	\$7.67	\$10.61	\$14.91	\$25.41	\$43.79	\$67.31	\$94.61	\$133.46	\$208.53
\$110,000	\$6.60	\$6.60	\$7.48	\$8.03	\$11.11	\$15.62	\$26.62	\$45.87	\$70.51	\$99.11	\$139.81	\$218.46
\$115,000	\$6.90	\$6.90	\$7.82	\$8.40	\$11.62	\$16.33	\$27.83	\$47.96	\$73.72	\$103.62	\$146.17	\$228.39
\$120,000	\$7.20	\$7.20	\$8.16	\$8.76	\$12.12	\$17.04	\$29.04	\$50.04	\$76.92	\$108.12	\$152.52	\$238.32
\$125,000	\$7.50	\$7.50	\$8.50	\$9.13	\$12.63	\$17.75	\$30.25	\$52.13	\$80.13	\$112.63	\$158.88	\$248.25
\$130,000	\$7.80	\$7.80	\$8.84	\$9.49	\$13.13	\$18.46	\$31.46	\$54.21	\$83.33	\$117.13	\$165.23	\$258.18
\$135,000	\$8.10	\$8.10	\$9.18	\$9.86	\$13.64	\$19.17	\$32.67	\$56.30	\$86.54	\$121.64	\$171.59	\$268.11
\$140,000	\$8.40	\$8.40	\$9.52	\$10.22	\$14.14	\$19.88	\$33.88	\$58.38	\$89.74	\$126.14	\$177.94	\$278.04
\$145,000	\$8.70	\$8.70	\$9.86	\$10.59	\$14.65	\$20.59	\$35.09	\$60.47	\$92.95	\$130.65	\$184.30	\$287.97
\$150,000	\$9.00	\$9.00	\$10.20	\$10.95	\$15.15	\$21.30	\$36.30	\$62.55	\$96.15	\$135.15	\$190.65	\$297.90

<b>CHILD(REN) SUPPLEMENTAL TERM LIFE INSURANCE</b>			
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>			
Benefit Amount	Cost For All Children	Benefit Amount	Cost For All Children
\$5,000	\$0.93	\$15,000	\$2.79
\$10,000	\$1.86		