



Roger Williams University Enrollment Form

Group Life Insurance

HR USE: CLASS = _____

Employer Name	Group Policy Number
Roger Williams University	01-B84W1F
Employer Address (City, State, ZIP Code)	Coverage Effective Date
1 Old Ferry Road, Bristol, RI 02809	

Employee Name (Last, First, Middle)			
Address (City, State, ZIP Code)			
Social Security Number	Date of Birth (MM/DD/YY)	Gender	Marital Status
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hire Date (MM/DD/YY)	Annual Salary	Type of Enrollment	
	\$	<input type="checkbox"/> New Employee <input type="checkbox"/> Qualified Life Event	<input type="checkbox"/> Annual/Open Enrollment <input type="checkbox"/> Rehire Rehire Date:

Additional Coverage Elections

Please indicate your ADDITIONAL coverage elections below. The Employee must enroll in Optional Life and Accidental Death & Dismemberment (AD&D) coverage to elect Optional Dependent Life and AD&D coverage. The Optional Spouse Benefit cannot be greater than the Employee Optional Benefit. Evidence of Insurability may be required. Please see your plan booklet for additional information.

<p>DECLINE: I hereby decline all OPTIONAL/ADDITIONAL coverage as offered by my employer. I certify that I have been given the opportunity by my employer to enroll for coverage. I understand that Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.</p> <p style="text-align: right;">If you are declining, move on to Signature and Authorization.</p>

Type of Additional Coverage(s)	Selection	Coverage Amount(s) Elected
Employee Optional Life and AD&D	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Spouse Optional Life and AD&D	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child(ren) Optional Life and AD&D	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

If electing for Dependent coverage (Spouse and Child), please complete the following:

Spouse Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:

Dependent Child(ren) coverage is available to eligible dependent child(ren) under 26 years of age.

Employee Signature and Authorization	
<input type="checkbox"/>	<p>I DECLARE, that all information given in this enrollment form is true and complete to the best of my knowledge and belief. I request coverage under my employer's plan of benefits as indicated above. I authorize my employer to deduct from my earnings my contributions for the coverage(s) selected. I understand that with respect to coverages I have declined, Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.</p>
Employee Signature:	Date:

Completion of this enrollment form does not guarantee coverage. Evidence of Insurability may be required. Please see your plan booklet for additional information.

Submit completed form to **Human Resources** and retain a copy for your records.

Lincoln Financial Group
Optional Life and AD&D
Employee/Dependent Monthly Rates

Age	Life Rate	AD&D Rate	Cost per 1,000 of Insurance
00-24	0.07	0.032	1,000
25-29	0.07	0.032	1,000
30-34	0.08	0.032	1,000
35-39	0.11	0.032	1,000
40-44	0.17	0.032	1,000
45-49	0.29	0.032	1,000
50-54	0.43	0.032	1,000
55-59	0.64	0.032	1,000
60-64	1.05	0.032	1,000
65-69	1.89	0.032	1,000
70-74	2.68	0.032	1,000
75-99	2.68	0.032	1,000
Children (2 weeks to 26 Years)	1.46	0.032	1,000

Calculation Example: Newly eligible employees can purchase insurance in \$10,000 increments up to \$500,000 of employee optional life. Any amount over \$200,000 requires a medical questionnaire (An Evidence of Insurability Form) that you complete and is returned to Liberty for review and approval of the additional coverage.

Spouses of newly eligible employees may be added in \$5,000 increments up to \$250,000. Any amount over \$50,000 requires a medical questionnaire for the spouse.

The amount of dependent life insurance may not exceed 100% of the amount of employee optional life insurance in force on the covered employee. Spouse rates are based on the employee's age.

Child/Children may be covered for a flat \$10,000 of insurance.

EXAMPLE:

Jane purchases \$100,000 for herself, \$100,000 for her spouse and \$10,000 of child life. Jane is 29 years old.

Jane's Life Premium: $(100,000/1000) \cdot 0.07 = \7.00 per month or $\$3.23$ per pay period.

Jane's AD&D Premium: $(100,000/1000) \cdot 0.032 = \3.20 per month or $\$1.48$ per pay period.

Spouse Life Premium: $(100,000/1000) \cdot 0.07 = \7.00 per month or $\$3.23$ per pay period.

Spouse AD&D Premium: $(100,000/1000) \cdot 0.032 = \3.20 per month or $\$1.48$ per pay period.

Child/Children's Life Premium: $(10,000/1000) \cdot 1.46 = 1.46$ per month or $.67$ per pay period.

Child/Children's AD&D Premium: $(10,000/1000) \cdot 0.032 = .032$ per month or $\$0.15$ per pay period.