



OPTIONAL LIFE APPLICATION

Employee name	SSN	Birthdate	Sex	School
Address	City	State	Zip Code	Effective date
Employment date				
Employee's beneficiary	Relationship	Spouse's beneficiary	Relationship	
Spouse	SSN	Birthdate	Sex	

OPTIONAL LIFE

Complete this section if electing optional life.

I have ___ have not ___ used tobacco products during the 12-month period immediately preceding the date noted below.

Employee signature _____ Date _____

I have ___ have not ___ used tobacco products during the 12-month period immediately preceding the date noted below.

Spouse signature _____ Date _____

NOTE: If you are eligible for non-smoker rates at this time and you start smoking in the future, you must advise the Christian Schools International Insurance Office and your premium rate will be adjusted accordingly. If you fail to do so, the insurance company may terminate your life insurance benefits, deny your claim for life insurance benefits, and return your group insurance contributions under the group policy.

Current Optional Life Coverage (Do not include Basic Life)	Employee \$ _____ Spouse \$ _____ Child \$ _____
Additional amount requested	
(Elect coverage in increments of \$10,000)	
(For Child Optional Life elect either \$5,000 or \$10,000)	Employee \$ _____ Spouse \$ _____ Child \$ _____
Total coverage desired	Employee \$ _____ Spouse \$ _____ Child \$ _____

OPTIONAL AD&D

Current Optional AD&D Coverage (Do not include Basic AD&D)	Employee \$ _____ Spouse \$ _____ Child \$ _____
Additional amount requested (Elect coverage in increments of \$10,000)	
(For Child Optional AD&D elect either \$5,000 or \$10,000)	Employee \$ _____ Spouse \$ _____ Child \$ _____
Total coverage desired	Employee \$ _____ Spouse \$ _____ Child \$ _____

I request my employer to arrange for the group coverage for which I elect and authorize my employer to deduct from my earnings the required contributions.

I have been given the opportunity to participate in the Optional Life and Dependent Life Insurance Programs with The Hartford. I understand that if I elect to participate more than 31 days after first eligible or if I later elect to increase the amounts of insurance elected, I will be considered a late subscriber and will need to provide medical evidence of good health satisfactory to The Hartford. If approved, I understand any such change will be effective as of my first day of active work on or after such approval.

Employee's signature: _____ Date signed: _____

Forms may be submitted via email to: csiinsuranceplan@cebteam.org

Or mail to: Christian Schools International, Attn: US Insurance, 2969 Prairie St. S.W., Ste 102, Grandville, MI 49418-2008

OPTIONAL LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

- Participants in the Christian Schools International Insurance Plan have the opportunity to purchase additional term life insurance and/or AD&D coverage for themselves, their spouses, and their children at affordable group rates.
- Coverage is available in increments of \$10,000, with a maximum of \$250,000 or five times your annual salary, whichever is less.
- The amount elected for the spouse cannot exceed the employee's insurance amount. An employee cannot have optional life or AD&D for their spouse without having optional life for themselves.
- The amount elected for the spouse cannot exceed \$50,000 without going through the underwriting process.
- Coverage levels of \$5,000 or \$10,000 are available for children. The employee must have optional life coverage in order to add optional life coverage for their children.
- Benefits will be reduced by 35 percent on the first day of the calendar month after attainment of age 70, another 20 percent on the first day of the calendar month after attainment of age 75, another 15 percent on the first day of the calendar month after attainment of age 80.
- This coverage terminates upon the retirement or termination of the employee. If you would like to know about rates for conversion and/or portability, please visit the Christian Schools International web site at www.CSOnline.org/benefits. Go to "US Insurance" under "Forms".
- Premium billing begins the first of the month following the effective date given. All premium payments are made through the school by payroll deduction and sent to the plan administrator.

OPTIONAL LIFE INSURANCE:

- Premium cost for employee and spouse is based on age as follows:

Monthly Rate per \$10,000 of Benefit

<u>Age</u>	<u>Non-Tobacco User</u>	<u>Tobacco User</u>	<u>Age</u>	<u>Non-Tobacco User</u>	<u>Tobacco User</u>
0-29	\$0.50	\$1.00	55-59	\$ 7.65	\$15.30
30-34	\$0.80	\$1.55	60-64	\$ 8.75	\$17.50
35-39	\$1.05	\$2.10	65-69	\$11.95	\$23.90
40-44	\$1.65	\$3.20	70-74	\$29.65	\$59.30
45-49	\$2.75	\$5.40	75+	\$47.50	\$94.95
50-54	\$4.75	\$9.45			

- The above ages apply to the age you will be on March 1 of the following year.
- The monthly premium cost for children is \$1.00 for coverage of \$5,000 and \$2.00 for \$10,000. This rate covers each of your children regardless of the number of children you have. An employee cannot have optional life or AD&D for their children without having optional life for themselves.
- Apply for coverage by completing the application and evidence of insurability (EOI) for the employee and/or spouse, and return the forms to the Christian Schools International Insurance Office. Employees within 30 days of employment do not need to complete the Evidence of Insurability form.

OPTIONAL AD&D:

- The monthly premium cost for employee/spouse is \$0.50 for each \$10,000 in coverage.
- The monthly premium cost for children is \$0.30 for \$5,000 of coverage and \$0.50 for \$10,000 of coverage.
- Coverage is available in increments of \$10,000, with a maximum of \$250,000 or five times your annual salary, whichever is less.

LIMITATIONS AND EXCLUSIONS

LATE ENROLLMENT

If approved, I understand any such change will be effective as of my first day of active work on or after such approval. Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer disabled. This delay does not apply to newborn children while dependent insurance is in effect. Totally disabled means that, as a result of an injury, a sickness, or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness, is cognitively impaired, or has a life-threatening condition.

EXCLUSION FOR SUICIDE

Where the cause of death is suicide: No benefits will be payable for a loss within 24 months after the individual's initial effective date of insurance and no increased or additional insurance will be payable for a loss occurring within 24 months after the day of such increased or additional insurance is effective.

REFER TO THE PLAN POLICY BOOK FOR MORE DETAILS.