

## Optional Life & Accidental Death & Dismemberment (AD&D)

### Local 9231 & 9231-01 - Enrollment Form

Name: \_\_\_\_\_ (Please print name clearly)

Payroll #: \_\_\_\_\_

**NEW HIRE COVERAGE AMOUNT** - based on current base annual salary.

**COVERAGE RECALCULATION** - recalculated on Jan 1 each year. Coverage is based on your highest years eligible earnings.

#### OPTIONAL LIFE

- New Hire - Adding Coverage     
  Adding Coverage (EOI Form)     
  Increasing Coverage (EOI Form)     
  Decreasing Coverage  
 Terminating Coverage

**EVIDENCE OF INSURABILITY FORM (EOI)** - complete if you are increasing Optional Life coverage or it's after your initial 30 DAY eligibility date. Return completed form to HR.

**BIRTHDAY/NEW AGE BRACKET** - In the month of your birthday, if your age is in a new premium age bracket, your Optional Life Employee and Spouse premiums will increase.

Optional Life - Coverage Type	Employee - % of Pension Earnings	Spouse Life	Child(ren) Life
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> Decline Coverage
<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> 50%	<input type="checkbox"/> 50% of Employee Coverage	<input type="checkbox"/> 10% of Employee Coverage
<input type="checkbox"/> Employee & Child(ren)	<input type="checkbox"/> 100%		
<input type="checkbox"/> Employee, Spouse & Child(ren)	<input type="checkbox"/> 150%		
	<input type="checkbox"/> 200%		

#### ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

- New Hire - Adding Coverage     
  Adding Coverage     
  Increasing Coverage     
  Decreasing Coverage  
 Terminating Coverage

AD&D coverage is available in multiples of \$10,000 with a maximum benefit of \$500,000. For amounts above \$250,000, your coverage cannot exceed 10 times your annual earnings.

Employee Only	Family	Employee & Spouse	Employee & Child(ren)
<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> Decline Coverage
\$ _____ Coverage Amount (Multiples of \$10,000)	<input type="checkbox"/> Family - Employee at 100% Spouse at 60% Child(ren) at 10%	<input type="checkbox"/> Employee & Spouse at 100%  <input type="checkbox"/> Employee at 100% & Spouse at 60%	<input type="checkbox"/> Employee at 100% & Child(ren) at 15%

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date