

CITY OF HOLLYWOOD, FLORIDA

FULL TIME EMPLOYEE

Group Life Insurance Option Election Form

I, (print name) _____ hereby apply for the type of Life Coverage specified on the election form and authorize the deduction from my earnings any amounts required to cover my share of the premiums, if any. It is understood that the election made herein may not be altered until the next designated open enrollment period. Insurance above the City provided minimum might require evidence of good health. If I am on leave without pay and wish to continue coverage, I will send my "payroll deduction" amount to the City as if I was working.

The City provides Basic Life Insurance and Accidental Death and Dismemberment for you per your applicable collective Bargaining Agreement or Pay Plan. You may purchase additional Life Insurance by selecting one of the following options. SELECT ONE OPTION ONLY BY PLACING AN "X" IN THE APPROPRIATE PARENTHESIS

		Employee Biweekly Cost
I am electing the Basic Life and AD&D provided to me by the City and do not desire to purchase Supplemental Life & AD&D Insurance.	() X10	\$0

I desire to purchase Supplemental Life and AD&D in the amount indicated below.

\$ 15,000	() 111	\$1.35
\$ 25,000	() 112	2.25
\$ 35,000	() 113	3.15
\$ 45,000	() 114	4.05
\$ 50,000	() 115	4.50
\$ 55,000	() 116	4.95
\$ 65,000	() 117	5.85
\$ 75,000	() 118	6.75
\$ 85,000	() 119	7.65
\$ 95,000	() 120	8.55
\$100,000	() 121	9.00
\$105,000	() 122	9.45
\$115,000	() 123	10.35
\$125,000	() 124	11.25
\$135,000	() 125	12.15
\$150,000	() 126	13.50
\$175,000	() 127	15.75
\$200,000	() 128	18.00
\$225,000	() 129	20.25
\$250,000	() 130	22.50
\$275,000	() 131	24.75
\$300,000	() 132	27.00
\$325,000	() 133	29.25
\$350,000	() 134	31.50
\$375,000	() 135	33.75
** \$400,000	() 136	36.00
** \$425,000	() 137	38.25
** \$450,000	() 138	40.50
** \$475,000	() 139	42.75

**The maximum amount of combined Basic and Supplemental Life cannot exceed \$500,000. Evidence of good health is required for amounts exceeding \$400,000 or for applications to increase supplemental life insurance after initial enrollment including applications made during Open Enrollment. The Evidence of Insurability Application is available in Human Resources. Such elections will be effective only upon approval of Fort Dearborn Life Insurance Company.

Hire Date

Signature

Date Signed

Department/Division & Phone No.

Social Security Number

Office Use Only

Effective Date _____

Payroll Deduction Amount \$ _____