

OPTIONAL EMPLOYEE LIFE INSURANCE ENROLLMENT/CANCELLATION FORM	Employee and Retiree Service Center MONTGOMERY COUNTY PUBLIC SCHOOLS 7361 Calhoun Place, Suite 190 Rockville, Maryland 20855
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INSTRUCTIONS: COMPLETE AND RETURN TO THE EMPLOYEE AND RETIREE SERVICE CENTER

**PART I: EMPLOYEE INFORMATION (PLEASE PRINT)**

Name:		Employee ID Number: 0000	
Date of Birth	Work Phone #	Home Phone #	
E-mail		Social Security Number:        -        -	

**PART II: OPTIONS (CHECK APPROPRIATE BOX)**  
You must be enrolled in Basic Employee Term Life coverage to elect Optional Employee Life coverage.

New Employees            (Must enroll by the end of the first full month following employment)\*  
 Open Enrollment\*        (Evidence of insurability requirement waived for 2007 Annual Open Enrollment)  
  
 CANCEL                      (Anytime)  
 Change Beneficiary      (Anytime)  
   Only

Coverage amount is an additional one times the annual salary, rounded down to the nearest thousand.  
*EXAMPLE: ANNUAL SALARY = \$40,750: MAXIMUM INSURED AMOUNT = \$40,000*

\*If eligible members elect not to enroll by the end of the first full month following employment, they must wait for a future open enrollment, and provide evidence of insurability. Evidence of insurability forms are available from ERSC.

**PART III. OPTIONAL LIFE INSURANCE BENEFICIARY(IES) (May be the same as, or different than your Basic Life Insurance Designation of Beneficiary(ies))**

**PRIMARY BENEFICIARY(IES):** If more than one beneficiary is named, the amount will be divided in equal shares.

Name	Social Security #	Relationship
	-   -	
	-   -	
	-   -	

**CONTINGENT BENEFICIARY (IES):** If primary beneficiary (ies) pre-deceases employee.

Name	Social Security #	Relationship
	-   -	
	-   -	
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Signature Required	Date
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# MONTGOMERY COUNTY PUBLIC SCHOOLS

## OPTIONAL EMPLOYEE LIFE INSURANCE

### 2007 RATE SCHEDULE

AGE BRACKET	BI-WEEKLY EMPLOYEE DEDUCTIONS (per thousand of coverage)	
	10-month	12-month
Under 25	0.023	0.018
25 - 29	0.028	0.021
30 - 34	0.037	0.028
35 - 39	0.041	0.031
40 - 44	0.046	0.035
45 - 49	0.068	0.053
50 - 54	0.105	0.081
55 - 59	0.196	0.151
60 - 64	0.301	0.232
65 - 69	0.580	0.446
70 and over	0.942	0.725

**Eligible employees enrolled for basic term life insurance are entitled to purchase an additional one times their salary (rounded down to the nearest thousand) in life insurance. The cost of optional life insurance is based on age and is paid entirely by the employee through payroll deductions.**

<b>SAMPLE CALCULATION:</b>	<b>OPTIONAL LIFE AMOUNTS WILL BE:</b>	
Where Employee's:	Coverage Amount.....	\$ 31,000
age is 37	Thousands of Coverage.....	31
work schedule is 10-month	Bi-weekly Cost = 31 times .041.....	\$ 1.26