

Optional Employee Term Life Insurance ENROLLMENT/CANCELLATION FORM	Employee and Retiree Service Center (ERSC) Montgomery County Public Schools 7361 Calhoun Place, Suite 190 Rockville, Maryland 20855
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INSTRUCTIONS: Complete, sign, and return to the Employee and Retiree Service Center (ERSC). You may fax this form to 301-279-3642 or 301-279-3651. If you elect not to enroll within 60 days of employment, then you must wait for a future open enrollment.

PART I: EMPLOYEE INFORMATION (PLEASE PRINT)

Name:	Last Four Digits of SSN:	Employee ID: 0000 _____
E-mail:		Home Phone:

PART II: OPTIONS
 You must be enrolled in Basic Employee Term Life coverage to elect Optional Employee Term Life coverage. Coverage amount is an additional one times your annual salary, rounded down to the nearest thousand.
 EXAMPLE: ANNUAL SALARY = \$40,750; MAXIMUM INSURED AMOUNT = \$40,000
 Rates are listed on the back of this form.

You must select one of the following options:

New Employee Open Enrollment Cancel (any time)
 Qualifying Event Change Beneficiary (any time)

PART III. OPTIONAL LIFE INSURANCE BENEFICIARY(IES)
 Beneficiary(ies) may be the same as or different from your Basic Employee Term 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:	SSN:	Relationship:
Name:	SSN:	Relationship:
Name:	SSN:	Relationship:
Name:	SSN:	Relationship:

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

Name:	SSN:	Relationship:
Name:	SSN:	Relationship:
Name:	SSN:	Relationship:
Name:	SSN:	Relationship:

Please return the completed form to ERSC.

I am enrolling in optional employee term life insurance coverage and I authorize MCPS to deduct the bi-weekly contribution from my earnings until further notice. My contributions for insurance are under a contract issued by The Prudential Insurance Company of America. I further understand that I am responsible for 100 percent of the premium for this optional coverage. I declare the statement above is true and understand this is the basis for determining the bi-weekly contribution for coverage.

Signature Required _____ Date _____

Optional Employee Term Life Insurance
2010 RATE SCHEDULE

Employee and Retiree Service Center (ERSC)
Montgomery County Public Schools
7361 Calhoun Place, Suite 190
Rockville, Maryland 20855

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.

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

SAMPLE CALCULATION: Optional Term Life Insurance Coverage rates for a 37 year-old, 10-month employee who earns \$31,000 a year.

Coverage Amount (one times the annual salary)	\$31,000.00
Thousands of Coverage	31
Bi-weekly Cost = 31 X .041	\$1.26