



**JEFFERSON COUNTY COMMISSION**  
**HUMAN RESOURCES DEPARTMENT**  
 Voluntary Life and Accidental Death & Dismemberment (AD&D)  
 ENROLLMENT / CHANGE FORM

EMPLOYEE NAME: \_\_\_\_\_ (PLEASE PRINT)

SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ENROLLMENT** - Please fill in coverage amounts/rates below.

Evidence of Insurability (EOI)\* is required, and must be approved by the life insurance carrier, for enrollment after the New Hire 30-day eligibility period, re-enrollment and increases over the Guarantee Issue Amount. Please see the Group Life and AD&D Benefits Highlight Summary for more coverage details.

New  Change  Open Enrollment

	OLD Coverage Amount	OLD Coverage Rate	NEW Coverage Amount	NEW Coverage Rate
<b>VOLUNTARY LIFE INSURANCE</b>				
<b>AMOUNT SUBJECT TO EOI (attach EOI APPLICATION)</b>				
<b>TOTAL VOLUNTARY LIFE (If EOI is Approved)</b>				
<b>VOLUNTARY AD&amp;D</b>				

**VOLUNTARY AD&D ONLY**

Family \_\_\_\_\_ Family to Single \_\_\_\_\_  
 Single \_\_\_\_\_ Single to Family \_\_\_\_\_  
 Single: \$0.28 per \$10,000  
 Family: \$0.42 per \$10,000

**VOLUNTARY LIFE ONLY**

Per \$1,000, based on AGE

<30	\$0.08	50-54	\$0.49
30-34	\$0.09	55-59	\$0.78
35-39	\$0.10	60-64	\$1.01
40-44	\$0.14	65-69	\$1.90
45-49	\$0.27	70+	\$3.75

**TERMINATION** - Please mark the box below to indicate coverage(s) to be terminated (if applicable). I understand that by terminating Voluntary Life Insurance or Voluntary Accidental Death and Dismemberment Insurance, I will only be able to re-enroll during an open enrollment period (unless there is a Qualifying Event) and only if those benefits continue to be offered by Jefferson County. If I voluntarily cancel my Voluntary Life insurance and choose to reapply later, EOI will be required. Please mark the coverage you wish to terminate below.

**VOLUNTARY LIFE**     **VOLUNTARY AD&D**

**SIGNATURE** – by signing this form, you agree to the changes hereof.

Waiver of Coverage – I do not wish to enroll at this time and understand that the opportunity to enroll at any future time will be subject to Evidence of Insurability.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

*\*Evidence of Insurability is a record of a person's past and current health events, used by insurance companies to determine whether a person meets the definition of good health.*