

JOHNSON CITY SCHOOLS
100 E. Maple Street
Johnson City, TN 37601
423-434-5200

LIFE & DEPENDENT LIFE INSURANCE ENROLLMENT & BENEFICIARY ELECTION FORM

This form is used by the Johnson City School System, and the insurance companies to determine your selection of optional life insurance benefits, and the beneficiary for all benefits. Please review this information, complete this form indicating your choices. And return this form to the Finance Department. If you have questions about any of these benefits, please call the Finance Department at (423) 434-5210.

Please Print **EMPLOYEE INFORMATION** ***Please Print***

Employee Name _____ Social Security # _____

Date of Birth _____ Sex Male Female School/Location _____

Primary Beneficiary _____ Relationship _____

Contingent Beneficiary _____ Relationship _____

Contingent Beneficiary _____ Relationship _____

OPTIONAL EMPLOYEE LIFE & AD&D INSURANCE

- A. I do not want any additional Life Insurance. I want only the Life Insurance provided by the School System.
- B. I elect additional Voluntary Term Life Insurance in the amount of \$ _____.

OPTIONAL DEPENDENT LIFE INSURANCE

- A. I do not want Dependent Life Insurance.
- B. I elect Dependent Life Insurance in the amount of \$20,000 for an eligible spouse under the age of 70 and \$10,000 for each eligible unmarried dependent child at a cost of \$4.12 per month (10 deductions per year).

PREMIUM COST PER MONTH

Optional Employee Life & AD&D Insurance \$ _____

Dependent Life Insurance \$ _____

TOTAL \$ _____

By my signature, I verify the above are my choices for the above benefit options and beneficiary. I authorize the appropriate payroll deduction for these selections.

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

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LIFE AND DEPENDENT LIFE INSURANCE GENERAL INFORMATION

BASIC EMPLOYEE LIFE & AD&D INSURANCE

All regular full time employees of the Johnson City School System working 30 or more hours per week, actively at work on the effective date will be eligible for benefits. Seasonal and temporary employees are ineligible for coverage. Employees will receive Life and Accidental Death and Dismemberment (AD&D) Insurance as part of their basic compensation. The amount of coverage is based on annual salary and full time years of service. Employees with less than two years of full time service are insured for one times their annual salary. Employees with more than two years of full time service are insured for two times their annual salary. All insurance amounts are rounded up to the next even \$1,000. There is no charge to the employee for this coverage. The cost of this coverage is paid by the School System.

SCHOOL BUS AND SPECIAL ED DRIVERS

All regular school bus and Special Ed drivers will receive Life and Accidental Death and Dismemberment (AD&D) Insurance as part of their basic compensation. The face amount of coverage will be \$25,000.

All regular full time employees of the Johnson City School System have access to several voluntary insurance benefits. These are considered voluntary or optional benefits because the employee has the option of selecting the benefits they want, premiums are paid by payroll deduction, 10 times a year from September to June. These are as follows:

OPTIONAL EMPLOYEE LIFE AND AD&D INSURANCE

Employees may purchase Life and AD&D Insurance in increments of \$10,000. The minimum coverage is \$10,000. **NOTE:** You may purchase Voluntary Life Insurance up to \$350,000, but any amount over \$200,000 must be medically underwritten.

THE COST is based on your age and the amount of coverage you elect. To determine the cost of this benefit, refer to the attached Voluntary Life Insurance Table. Find your age bracket across the top, and the desired amount of coverage on the left side of the page. The monthly premium is shown in the block where column and row meet.

TO ELECT this coverage go to the **OPTIONAL EMPLOYEE LIFE & AD&D INSURANCE** section of the enrollment form. Check line B, and write in the amount of coverage you want in the space provided. If you want no additional life insurance check line A.

OPTIONAL DEPENDENT LIFE INSURANCE

This coverage provides insured employees with a benefit in the event of the death of an eligible dependent, regardless of the cause of death. This is a very affordable way to obtain Life Insurance protection for your spouse, children, or both. The spouse of the eligible employee is an eligible dependent if he/she is under age 70 and the eligible employee must be covered under the life plan for the spouse to be eligible for coverage.

Unmarried children of the eligible employee are eligible for coverage if they are at least 14 days old, but not older than age 19, age 23 if a full-time student.

THE COST of Optional Dependent Life Insurance is \$4.12 per month – for 10 months.

TO ELECT this coverage go to the **OPTIONAL DEPENDENT LIFE INSURANCE** section of the enrollment form and check line B. If no coverage is desired, for your spouse and dependent children, check line A.