

UA Choice Open Enrollment Supplemental Life Insurance and AD&D Election Form for FY18

www.alaska.edu/benefits



UNIVERSITY
of ALASKA
Many Traditions One Alaska

This enrollment is for coverage beginning July 1, 2017.

- 9, 10, 11 months (includes all UNAC and UAFT faculty members)
- 12 months

Employee ID	Campus	Work Phone
Last Name	First	M.

Voluntary Life Insurance

The following insurance premiums are not pre-tax; deductions will show on your pay stub. These coverages can be dropped or reduced at any time, but may only be elected or increased at hire, open enrollment or within 30 days of a qualifying life event.

Initial enrollment in Accidental Death and Dismemberment and Supplemental Life requires the completion of a Beneficiary Designation form available at www.alaska.edu/hr/forms/hr_benefits/.

Accidental Death & Dismemberment [430]	FY18 Biweekly Rates:	FY18 Annual
<input type="checkbox"/> Employee [S, S9]	12 months: \$.88 9, 10, 12 months: \$ 1.20	\$22.80
<input type="checkbox"/> Employee and Dependent Coverage [F, F9]	12 months: \$1.76 9, 10, 12 months: \$ 2.40	\$45.60

Stop my current AD&D coverage

Supplemental Life (Biweekly) [450, 460, Plan Code: _____] Your Age on July 1, 2017 _____

To verify your current coverage amount go to UAOnline on the web at uaonline.alaska.edu.

Total amount of coverage desired \$ _____ (see back for rates)

For amounts over \$200,000, complete the Supplemental Life Medical History Statement (www.alaska.edu/hr/forms), and fax to Securian Life per the instructions on the form.

If your EOI form is not approved, your maximum coverage will be \$200,000, or the amount you had in effect before requesting the increase, if greater.

Maximums are subject to the age reductions summarized below; see the Enrollment Guide or the Benefits Handbook for details.

HR Office Use Only:

Date form rec'd:	_____
Date approved/denied:	_____
Max. Default (\$200k):	_____
Approved Plan Code:	_____
Effective Date:	_____

Stop my current supplemental life coverage

Age-Related Reductions in Supplemental Life Coverage

Supplemental life insurance coverage offered shall adhere to the following reductions for coverage of employees aged 65 or older. An employee's supplemental life benefit amount will be reduced on July 1 when they are age 65 by 35%, age 70 by 50% and age 75 by 65%. These reductions are based on the elected amount, and premiums are based on the reduced amount of life insurance coverage. See the Enrollment Guide for more details on age-related reductions.

Election and Salary Deduction Authorization

I authorize the University of Alaska to deduct from my salary an amount equal to the cost of the benefit options that I have selected above. I understand that this election and is for the appropriate plan year, and election of the supplemental life insurance and accidental death and dismemberment cannot be increased or changed until the next open enrollment, unless I experience a qualifying life event. Any change must be made within 30 days from the date of the life event. (Please contact your human resources office or refer to the Benefits Handbook for life event definition.)

Employee Signature

Date

e-mail

Return to Your Regional Human Resources Office by 5 pm Monday, May 15, 2017

Office Use Only: Entered By: _____ Date: _____ Effective: _____

Biweekly Supplemental Life Insurance Effective July 1, 2017

Rates for 12 month employees

Coverage Amount	< 30 [1]	30 – 34 [2]	35 – 39 [3]	40 – 44 [4]	45 – 49 [5]	50 – 54 [6]	55 – 59 [7]	60 – 64 [8]	65 - 69 [9]	70-74 [A]	75+ [B]
\$ 25,000 [A]	0.43	0.66	0.77	1.10	1.65	2.65	4.88	6.55	14.19	14.19	14.19
\$ 50,000 [B]	0.85	1.32	1.55	2.19	3.30	5.31	9.76	13.11	28.38	28.38	28.38
\$ 75,000 [C]	1.28	1.97	2.32	3.29	4.95	7.96	14.64	19.66	42.58	42.58	42.58
\$100,000 [D]	1.71	2.63	3.09	4.38	6.60	10.62	19.52	26.22	56.77	56.77	56.77
\$125,000 [E]	2.13	3.29	3.87	5.48	8.25	13.27	24.40	32.77	70.96	70.96	70.96
\$150,000 [F]	2.56	3.95	4.64	6.58	9.90	15.92	29.28	39.32	85.15	85.15	85.15
\$175,000 [G]	2.99	4.60	5.41	7.67	11.55	18.58	34.17	45.88	99.35	99.35	
\$200,000 [H]	3.42	5.26	6.18	8.77	13.20	21.23	39.05	52.43	113.54	113.54	
\$225,000 [I]	3.84	5.92	6.96	9.87	14.85	23.88	43.93	58.98	127.73		
\$250,000 [J]	4.27	6.58	7.73	10.96	16.50	26.54	48.81	65.54	141.92		
\$275,000 [K]	4.70	7.23	8.50	12.06	18.15	29.19	53.69	72.09	156.12		
\$300,000 [L]	5.12	7.89	9.28	13.15	19.80	31.85	58.57	78.65			
\$325,000 [M]	5.55	8.55	10.05	14.25	21.45	34.50	63.45	85.20			
\$350,000 [N]	5.98	9.21	10.82	15.35	23.10	37.15	68.33	91.75			
\$375,000 [O]	6.40	9.87	11.60	16.44	24.75	39.81	73.21	98.31			
\$400,000 [P]	6.83	10.52	12.37	17.54	26.40	42.46	78.09	104.86			

Rates for 9, 10, and 11-month employees

Coverage Amount	< 30 [1]	30 – 34 [2]	35 – 39 [3]	40 – 44 [4]	45 – 49 [5]	50 – 54 [6]	55 – 59 [7]	60 – 64 [8]	65 - 69 [9]	70-74 [A]	75+ [B]
\$ 25,000 [A]	0.58	0.90	1.06	1.50	2.26	3.63	6.68	8.97	19.42	19.42	19.42
\$ 50,000 [B]	1.17	1.80	2.12	3.00	4.52	7.26	13.36	17.94	38.84	38.84	38.84
\$ 75,000 [C]	1.75	2.70	3.17	4.50	6.77	10.89	20.04	26.91	58.26	58.26	58.26
\$100,000 [D]	2.34	3.60	4.23	6.00	9.03	14.53	26.72	35.87	77.68	77.68	77.68
\$125,000 [E]	2.92	4.50	5.29	7.50	11.29	18.16	33.39	44.84	97.11	97.11	97.11
\$150,000 [F]	3.51	5.40	6.35	9.00	13.55	21.79	40.07	53.81	116.53	116.53	116.53
\$175,000 [G]	4.09	6.30	7.41	10.50	15.81	25.42	46.75	62.78	135.95	135.95	
\$200,000 [H]	4.67	7.20	8.46	12.00	18.06	29.05	53.43	71.75	155.37	155.37	
\$225,000 [I]	5.26	8.10	9.52	13.50	20.32	32.68	60.11	80.72	174.79		
\$250,000 [J]	5.84	9.00	10.58	15.00	22.58	36.32	66.79	89.68	194.21		
\$275,000 [K]	6.43	9.90	11.64	16.50	24.84	39.95	73.47	98.65	213.63		
\$300,000 [L]	7.01	10.80	12.69	18.00	27.09	43.58	80.15	107.62			
\$325,000 [M]	7.59	11.70	13.75	19.50	29.35	47.21	86.83	116.59			
\$350,000 [N]	8.18	12.60	14.81	21.00	31.61	50.84	93.51	125.56			
\$375,000 [O]	8.76	13.50	15.87	22.50	33.87	54.47	100.18	134.53			
\$400,000 [P]	9.35	14.40	16.93	24.00	36.13	58.11	106.86	143.49			