

SUPPLEMENTAL DEPENDENT LIFE INSURANCE

ENROLLMENT/CHANGE/TERMINATION FORM

IMPORTANT—TO ELECT THIS COVERAGE YOU MUST BE ENROLLED IN IU-SPONSORED SUPPLEMENTAL LIFE INSURANCE.

This coverage is in addition to the Dependent Life Insurance coverage included in the Basic Life Insurance Plan (\$3,000 coverage for spouse, \$1,000 coverage per eligible child) automatically provided by the university. Eligible dependents include your spouse and children from live birth through age 25.

Coverage Options

Eligible employees may select an amount of Supplemental Dependent Life Insurance as shown in the table at right. For additional plan information, visit the IU Benefits website at hr.iu.edu/benefits/supplemental.html.

	Benefit	Monthly Premium
Spouse Life	\$10,000	\$2.00
	\$20,000	\$4.00
	\$30,000	\$6.00
	\$45,000	\$9.00
Child(ren) Life	\$10,000 per child	\$2.00 total for all children

SECTION 1 PARTICIPANT INFORMATION

Name:		University 10-Digit ID:	
Date of Birth:	Campus:	Phone:	
Email:			

SECTION 2 2021 OPEN ENROLLMENT CHANGE REQUEST**Check all options that apply.**

- Elect** Supplemental Dependent Life Insurance coverage (select level of coverage below)
- Change** my current Supplemental Dependent Life Insurance election to the option(s) selected below
- Terminate** Supplemental Dependent Life Insurance coverage for my spouse and/or child(ren) (skip to Section 3)

Check the box associated with your selected level of coverage.**Supplemental Spouse Life Insurance**

- \$10,000 (\$2.00 monthly premium)
- \$20,000 (\$4.00 monthly premium)
- \$30,000 (\$6.00 monthly premium)
- \$45,000 (\$9.00 monthly premium)

Supplemental Child(ren) Life Insurance

- \$10,000 per child (\$2.00 total monthly premium for all children)

SECTION 3 EMPLOYEE SIGNATURE

I authorize deductions from my salary based on the amount of coverage I elected and the current premium rate, until revoked by me.

Signature:	Date:
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Make a copy of this form for your records. Submit completed form to IU Human Resources at askhr@iu.edu; fax to (812) 855-3409; or mail to 400 E. 7th Street, Poplars E165, Bloomington, IN, 47405.