

SUPPLEMENTAL DEPENDENT LIFE INSURANCE

ENROLLMENT/CHANGE/TERMINATION FORM

**IMPORTANT—To elect this coverage you must be enrolled in Supplemental Employee Life.**

This coverage is in addition to the \$3,000 for your spouse/\$1,000 for each eligible child that's included with your IU Basic Life Insurance provided by the university. Eligible dependents include your spouse and children 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—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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To sign and submit this form digitally you must first save it to your device.

Submit this form to askhr@iu.edu; or mail to IU Human Resources, 2709 E. 10th Street, Ste 321, Bloomington, IN 47408.