Voluntary Life and Accidental Death and Dismemberment Insurance Enrollment Form

Underwritten by:
Unum Life Insurance
Company of America
2211 Congress Street,
Portland, Maine 04122

Silicon Valley Mechanical, Inc. – Policy 423152

Employee Information

Name: _____ Social Security #: _____
Date of Birth: _____ Annual Salary: _____
Sex: Male ___ Female ____ Date of Hire: _____
Hours worked/week: _____

Spouse Information (only necessary if electing spouse coverage)

Name: _____ Social Security #: _____
Date of Birth: _____

Please **CIRCLE** coverage amount elected for: **EMPLOYEE LIFE**

The monthly premium amount corresponds to your age as of 01/01/2017

	Age	**15-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74*t***	**75+*t***
$10,000		$0.55	$0.61	$0.82	$1.21	$1.85	$2.88	$4.24	$6.07	$7.81	$11.11	$21.02	$64.96
$20,000		$1.10	$1.22	$1.64	$2.42	$3.70	$5.76	$8.48	$12.14	$15.62	$22.22	$42.04	$129.92
$30,000		$1.65	$1.83	$2.46	$3.63	$5.55	$8.64	$12.72	$18.21	$23.43	$33.33	$63.06	$194.88
$40,000		$2.20	$2.44	$3.28	$4.84	$7.40	$11.52	$16.96	$24.28	$31.24	$44.44	$84.08	$259.84
$50,000		$2.75	$3.05	$4.10	$6.05	$9.25	$14.40	$21.20	$30.35	$39.05	$55.55	$105.10	$324.80
$70,000		$3.85	$4.27	$5.74	$8.47	$12.95	$20.16	$29.68	$42.49	$54.67	$77.77	$147.14	$454.72
$100,000*		$5.50	$6.10	$8.20	$12.10	$18.50	$28.80	$42.40	$60.70	$78.10	$111.10	$210.20	$649.60
$150,000*		$8.25	$9.15	$12.30	$18.15	$27.75	$43.20	$63.60	$91.05	$117.15	$166.65	$315.30	$974.40
$200,000*		$11.00	$12.20	$16.40	$24.20	$37.00	$57.60	$84.80	$121.40	$156.20	$222.20	$420.40	$1,299.20
$250,000*		$13.75	$15.25	$20.50	$30.25	$46.25	$72.00	$106.00	$151.75	$195.25	$277.75	$525.50	$1,624.00
$300,000*		$16.50	$18.30	$24.60	$36.30	$55.50	$86.40	$127.20	$182.10	$234.30	$333.30	$630.60	$1,948.80
$350,000*		$19.25	$21.35	$28.70	$42.35	$64.75	$100.80	$148.40	$212.45	$273.35	$388.85	$735.70	$2,273.60
$400,000*		$22.00	$24.40	$32.80	$48.40	$74.00	$115.20	$169.60	$242.80	$312.40	$444.40	$840.80	$2,598.40
$450,000*		$24.75	$27.45	$36.90	$54.45	$83.25	$129.60	$190.80	$273.15	$351.45	$499.95	$945.90	$2,923.20
$500,000*		$27.50	$30.50	$41.00	$60.50	$92.50	$144.00	$212.00	$303.50	$390.50	$555.50	$1,051.00	$3,248.00

* REQUIRES MEDICAL EVIDENCE OF INSURABILITY. *(*PLEASE COMPLETE EVIDENCE OF INSURABILITY FORM*)*

Please **CIRCLE** coverage amount elected for**: SPOUSE LIFE**

Please Note: Your Spouse can only elect up to 100% of the employee elected amount.

	Age	**15-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74*t***	**75+*t***
$5,000		$0.26	$0.28	$0.37	$0.53	$0.80	$1.25	$1.86	$2.74	$3.80	$5.41	$10.23	$31.61
$10,000		$0.52	$0.56	$0.74	$1.06	$1.60	$2.50	$3.72	$5.48	$7.60	$10.82	$20.46	$63.22
$15,000		$0.78	$0.84	$1.11	$1.59	$2.40	$3.75	$5.58	$8.22	$11.40	$16.23	$30.69	$94.83
$20,000		$1.04	$1.12	$1.48	$2.12	$3.20	$5.00	$7.44	$10.96	$15.20	$21.64	$40.92	$126.44
$25,000		$1.30	$1.40	$1.85	$2.65	$4.00	$6.25	$9.30	$13.70	$19.00	$27.05	$51.15	$158.05
$30,000*		$1.56	$1.68	$2.22	$3.18	$4.80	$7.50	$11.16	$16.44	$22.80	$32.46	$61.38	$189.66
$35,000*		$1.82	$1.96	$2.59	$3.71	$5.60	$8.75	$13.02	$19.18	$26.60	$37.87	$71.61	$221.27
$40,000*		$2.08	$2.24	$2.96	$4.24	$6.40	$10.00	$14.88	$21.92	$30.40	$43.28	$81.84	$252.88
$45,000*		$2.34	$2.52	$3.33	$4.77	$7.20	$11.25	$16.74	$24.66	$34.20	$48.69	$92.07	$284.49
$50,000*		$2.60	$2.80	$3.70	$5.30	$8.00	$12.50	$18.60	$27.40	$38.00	$54.10	$102.30	$316.10
$80,000*		$4.16	$4.48	$5.92	$8.48	$12.80	$20.00	$29.76	$43.84	$60.80	$86.56	$163.68	$505.76
$100,000*		$5.20	$5.60	$7.40	$10.60	$16.00	$25.00	$37.20	$54.80	$76.00	$108.20	$204.60	$632.20
$500,000*		$26.00	$28.00	$37.00	$53.00	$80.00	$125.00	$186.00	$274.00	$380.00	$541.00	$1,023.00	$3,161.00

* REQUIRES MEDICAL EVIDENCE OF INSURABILITY. *(*PLEASE COMPLETE EVIDENCE OF INSURABILITY FORM*)*

Please **CIRCLE** coverage amount elected for: **CHILD Life**

Please Note: Your Child(ren) can only elect up to 100% of the employee elected amount.

	Rate
$2,000	$0.78
$4,000	$1.56
$6,000	$2.34
$8,000	$3.12
$10,000	$3.90

Note: The amount you select will cover EACH child.

Life Election & Calculation Worksheet
(If elections vary from grid)

	Coverage Amount	**Increment**	**Rate (shown above)**	**Monthly Cost**
Employee	$_____	÷ $10,000 x	$_____ =	$
Spouse	$_____	÷ $ 5,000 x	$_____ =	$
Children	$_____	÷ $ 2,000 x	$ 0.780 =	$
Total Monthly Cost			=	$

Please complete this section if you would like Accidental Death & Dismemberment (AD&D) Coverage

	AD&D Cost Per:	**Monthly Rate**
Employee:	$10,000	$.523
Spouse:	$ 5,000	$.275
Child:	$ 2,000	$.060

Enter desired AD&D coverage amount in highlighted section. Then calculate monthly cost using the formula shown.

	Coverage Amount		**Increment**	**Rate**	**Monthly Cost**
	Employee	$_____	÷ $10,000 x	$.523 =	$
	Spouse	$_____	÷ $ 5,000 x	$.275 =	$
	Children	$_____	÷ $ 2,000 x	$.060 =	$
			Total Monthly AD&D Cost	=	**$**

BENEFICIARY INFORMATION - Designate your beneficiary (ies) below.

Name	Relation to You	Benefit
		%
		%

If the beneficiary (ies) named above are not living, then pay:

Name	Relation to You	Benefit
		%
		%

CERTIFICATION: I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available at my request. I have read and understand the INFORMATION ABOUT DELAYED EFFECTIVE DATES and EXCLUSIONS on the highlight sheet provided.

Request for Signature: I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

☐ At this time I choose to decline coverage for myself, my spouse and dependents

_____ _____

Employee Signature Date

NOTE: Any amount of coverage that needs to be Medically Underwritten will become effective on the first of the month coincident with or next following the date UnumProvident approves your Evidence of Insurability form. If you DO NOT APPLY FOR coverage for you or your dependent(s) during your initial enrollment period, you will need to complete an Evidence of Insurability form for all amounts of coverage.