



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



**Voluntary Life and Accidental Death and
Dismemberment Insurance Enrollment Form Rates
Effective July 1, 2016 - June 30, 2019
Montana Association Of Counties Health Care Trust**

Employee Information

Name: _____
Date of Birth: _____
Sex: Male ___ Female ___
Hours worked/week: _____

Group Name: _____
Social Security #: _____
Annual Salary: _____
Date of Hire: _____

Spouse Information (only necessary if electing spouse coverage)

Name: _____
Date of Birth: _____

Social Security #: _____

Please CIRCLE coverage amount elected for: EMPLOYEE Life and AD&D

The monthly premium amount corresponds to your age as of the most recent past July 1st

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+t
\$10,000		\$0.90	\$0.90	\$1.00	\$1.20	\$1.80	\$2.70	\$4.00	\$6.50	\$7.40	\$13.30	\$21.60	\$29.40
\$20,000		\$1.80	\$1.80	\$2.00	\$2.40	\$3.60	\$5.40	\$8.00	\$13.00	\$14.80	\$26.60	\$43.20	\$58.80
\$30,000		\$2.70	\$2.70	\$3.00	\$3.60	\$5.40	\$8.10	\$12.00	\$19.50	\$22.20	\$39.90	\$64.80	\$88.20
\$40,000		\$3.60	\$3.60	\$4.00	\$4.80	\$7.20	\$10.80	\$16.00	\$26.00	\$29.60	\$53.20	\$86.40	\$117.60
\$50,000		\$4.50	\$4.50	\$5.00	\$6.00	\$9.00	\$13.50	\$20.00	\$32.50	\$37.00	\$66.50	\$108.00	\$147.00
\$80,000		\$7.20	\$7.20	\$8.00	\$9.60	\$14.40	\$21.60	\$32.00	\$52.00	\$59.20	\$106.40	\$172.80	\$235.20
\$100,000		\$9.00	\$9.00	\$10.00	\$12.00	\$18.00	\$27.00	\$40.00	\$65.00	\$74.00	\$133.00	\$216.00	\$294.00
\$150,000*		\$13.50	\$13.50	\$15.00	\$18.00	\$27.00	\$40.50	\$60.00	\$97.50	\$111.00	\$199.50	\$324.00	\$441.00
\$200,000*		\$18.00	\$18.00	\$20.00	\$24.00	\$36.00	\$54.00	\$80.00	\$130.00	\$148.00	\$266.00	\$432.00	\$588.00
\$250,000*		\$22.50	\$22.50	\$25.00	\$30.00	\$45.00	\$67.50	\$100.00	\$162.50	\$185.00	\$332.50	\$540.00	\$735.00
\$300,000*		\$27.00	\$27.00	\$30.00	\$36.00	\$54.00	\$81.00	\$120.00	\$195.00	\$222.00	\$399.00	\$648.00	\$882.00
\$350,000*		\$31.50	\$31.50	\$35.00	\$42.00	\$63.00	\$94.50	\$140.00	\$227.50	\$259.00	\$465.50	\$756.00	\$1,029.00
\$400,000*		\$36.00	\$36.00	\$40.00	\$48.00	\$72.00	\$108.00	\$160.00	\$260.00	\$296.00	\$532.00	\$864.00	\$1,176.00
\$450,000*		\$40.50	\$40.50	\$45.00	\$54.00	\$81.00	\$121.50	\$180.00	\$292.50	\$333.00	\$598.50	\$972.00	\$1,323.00
\$500,000*		\$45.00	\$45.00	\$50.00	\$60.00	\$90.00	\$135.00	\$200.00	\$325.00	\$370.00	\$665.00	\$1,080.00	\$1,470.00

Please CIRCLE coverage amount elected for: SPOUSE Life and AD&D

Please Note: Your Spouse can only elect up to 100% of the employee elected amount. Spouse premium amount is based on Employee age as of the most recent past July 1st

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+t
\$10,000		\$0.90	\$0.90	\$1.00	\$1.20	\$1.80	\$2.70	\$4.00	\$6.50	\$7.40	\$13.30	\$21.60	\$29.40
\$20,000		\$1.80	\$1.80	\$2.00	\$2.40	\$3.60	\$5.40	\$8.00	\$13.00	\$14.80	\$26.60	\$43.20	\$58.80
\$30,000		\$2.70	\$2.70	\$3.00	\$3.60	\$5.40	\$8.10	\$12.00	\$19.50	\$22.20	\$39.90	\$64.80	\$88.20
\$40,000*		\$3.60	\$3.60	\$4.00	\$4.80	\$7.20	\$10.80	\$16.00	\$26.00	\$29.60	\$53.20	\$86.40	\$117.60
\$50,000*		\$4.50	\$4.50	\$5.00	\$6.00	\$9.00	\$13.50	\$20.00	\$32.50	\$37.00	\$66.50	\$108.00	\$147.00
\$80,000*		\$7.20	\$7.20	\$8.00	\$9.60	\$14.40	\$21.60	\$32.00	\$52.00	\$59.20	\$106.40	\$172.80	\$235.20
\$100,000*		\$9.00	\$9.00	\$10.00	\$12.00	\$18.00	\$27.00	\$40.00	\$65.00	\$74.00	\$133.00	\$216.00	\$294.00
\$150,000*		\$13.50	\$13.50	\$15.00	\$18.00	\$27.00	\$40.50	\$60.00	\$97.50	\$111.00	\$199.50	\$324.00	\$441.00
\$200,000*		\$18.00	\$18.00	\$20.00	\$24.00	\$36.00	\$54.00	\$80.00	\$130.00	\$148.00	\$266.00	\$432.00	\$588.00
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\$500,000*		\$45.00	\$45.00	\$50.00	\$60.00	\$90.00	\$135.00	\$200.00	\$325.00	\$370.00	\$665.00	\$1,080.00	\$1,470.00

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

t – Benefit amount is subject to age reductions

Please **CIRCLE** coverage amount elected for: **CHILD Life and AD&D**

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

	Rate	Note: The amount you select will cover EACH child.
\$10,000	\$2.55	

Life & AD&D

Election & Calculation Worksheet	Coverage Amount	Increment	Rate (shown above)	Monthly Cost	
(If elections vary from grid)	Employee	\$ _____	÷ \$10,000 x	\$ _____ =	\$
	Spouse	\$ _____	÷ \$10,000 x	\$ _____ =	\$
	Children	\$10,000		\$ 2.55 =	\$
	Total Monthly Cost			=	\$

BENEFICIARY INFORMATION - Designate your beneficiary (ies) below.

Name	Relation to You	Benefit
_____	_____	%
_____	_____	%
<i>If the beneficiary (ies) named above are not living, then pay:</i>		
_____	_____	%
_____	_____	%

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.

UNUM IS A REGISTERED TRADEMARK AND MARKETING BRAND OF UNUM GROUP AND ITS INSURING SUBSIDIARIES.