



**Louisiana State University System  
Voluntary Life/Accidental Death & Dismemberment Enrollment Form**

**EMPLOYEE INFORMATION**

<b>Employee Name</b>	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>SSN</b>
<b>Employee Address</b>	<b>Date of Hire</b>	<b>Campus</b>	
<b>Spouse's Name</b>	<b>Spouse's Date of Birth</b>	<b>Employee's Base Annual Earnings</b> \$	

**LIFE COVERAGE SELECTION**

**Employee Life:** Guaranteed Issue up to \$500,000 or 5 times Basic Annual Earnings in increments of \$10,000 with a maximum of \$1,000,000. Amounts over \$500,000 will be subject to Evidence of Insurability (E of I). Once covered, an employee may increase coverage by one time his/her base annual earnings per year up to the applicable limits during Annual Enrollment, Guaranteed Issue.

**Spouse Life:** Up to 50% of Employee coverage in \$5,000 increments, with a Guaranteed Issue Limit of \$100,000. Additional coverage up to 50% of the employee's life coverage is available in \$5,000 increments to a maximum of \$250,000; subject to E of I.

**Child(ren):** Children ages 2 weeks to 6 months of age are covered for \$1,000, if selected. Check a coverage option below.

Age	Employee Rate / \$10,000	Spouse Rate / \$5,000	Coverage Selection		Premium Calculation						
			Life	Coverage	÷	# Units	X	Rate	=	Mo. Amount	
<25	\$0.55	\$0.28									
25-29	\$0.65	\$0.33	Employee	\$	÷	\$10,000	X		=		
30-34	\$0.75	\$0.38	Spouse	\$	÷	\$5,000	X		=		
35-39	\$0.95	\$0.48	Child(ren)	<input type="checkbox"/> \$5,000 for each eligible dependent child <b>\$0.75/mo.</b> <input type="checkbox"/> \$10,000 for each eligible dependent child <b>\$1.49/mo.</b> <input type="checkbox"/> \$20,000 for each eligible dependent child <b>\$2.98/mo.</b>							
40-44	\$1.19	\$0.60		<b>AD&amp;D Coverage: Amount equal to life insurance coverage</b>							
45-49	\$1.68	\$0.84		Employee	\$	÷	\$10,000	X	\$0.31	=	
50-54	\$2.85	\$1.43	Spouse	\$	÷	\$5,000	X	\$0.16	=		
55-59	\$4.35	\$2.18									
60-64	\$6.60	\$3.30									
65-69	\$10.90	\$5.45									
70-74	\$20.50	\$10.25									
75-79	\$34.30	\$17.15									
80-84	\$60.90	\$30.45									
85+	\$115.10	\$57.55									

**SPOUSE INFORMATION** Complete spouse information if you have elected life insurance coverage for your spouse.

<b>Name of Spouse(last name, first, mi)</b>	<b>DOB</b>	<b>SSN</b>

**DEPENDENT INFORMATION** Complete dependent information if you have elected life insurance coverage for your dependent(s).

<b>Name of Dependent(last name, first, mi)</b>	<b>DOB</b>	<b>SSN</b>



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**EMPLOYEE BENEFICIARY INFORMATION** *Designate your beneficiary(ies) below*

**Primary Employee Beneficiary(ies)**

Name of Beneficiary (last name, first, mi)	Relationship	Benefit %

**Contingent Employee Beneficiary(ies)**

Name of Beneficiary (last name, first, mi)	Relationship	Benefit %

**SPOUSE BENEFICIARY INFORMATION** *Your spouse may designate separate beneficiary(ies) below*

**Primary Spouse Beneficiary(ies)**

Name of Beneficiary (last name, first, mi)	Relationship	Benefit %

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**Contingent Spouse Beneficiary(ies)**

Name of Beneficiary (last name, first, mi)	Relationship	Benefit %

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**READ THIS INFORMATION CAREFULLY AND THEN SIGN, COMPLETE SS# AND DATE BELOW ▼**

- I authorized my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- **I understand that any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**
- I understand my coverage begins on the effective date assigned by The Hartford Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

<b>Employee's Signature</b>	<b>Date Signed</b>

For office use	
Pay type	
Monthly deduct	
Effective date	