

# LIFE INSURANCE / LEGAL PLAN ENROLLMENT FORM

P.O. Box 7424, Winston-Salem, NC 27109  
Phone: 336-758-5996 Fax: 336-758-5004  
Web Site: [www.wfu.edu/hr](http://www.wfu.edu/hr)

- New Employee       Change of Status\*  
 Annual Enrollment       Beneficiary Update

Payroll Effective Date  MO  BW

Coverage Date

### 1. Personal Information

Name (Last, First, Middle Initial)		Date of Birth
WFU ID	Department	Date of Hire

### 2. Basic Life / AD & D Enrollment (premiums paid by the University)

Your basic life coverage is \_\_\_\_\_ (rounded to the next higher \$1,000)

HR Use Only  
500 GrpLife MO  
503 GrpLife BW

### 3. Optional Life Plan Enrollment

Minimum coverage = \$10,000. Maximum coverage = \$500,000. Coverage that exceeds a total of three times annual salary requires evidence of insurability.

Options	01 <input type="checkbox"/> One times annual salary	Formula to calculate life volume and cost: Annual Salary \$ _____ x Option _____ = \$ _____ (Volume) Volume \$ _____ ÷ \$1,000 x Rate For Age \$ _____ = Cost per Month	HR Use Only 345 OptLife MO 346 OptLife BW
	02 <input type="checkbox"/> Two times annual salary		
	03 <input type="checkbox"/> Three times annual salary		
	04 <input type="checkbox"/> Four times annual salary		
	05 <input type="checkbox"/> Five times annual salary		
	<input type="checkbox"/> Cancel		
	<input type="checkbox"/> Waive		

Age	Rates per \$1000	Age	Rates per \$1000	Age	Rates per \$1000
0 – 24	\$0.060	40 – 44	\$0.110	60 – 64	\$0.730
25 – 29	\$0.070	45 – 49	\$0.170	65 – 69	\$1.400
30 – 34	\$0.090	50 – 54	\$0.250	70 – 74	\$2.270
35 – 39	\$0.100	55 – 59	\$0.470	75 – 79	\$3.400

### 4. Dependent Life Plan Enrollment

<input type="checkbox"/> Option 1 Spouse \$25,000	<input type="checkbox"/> Option 3 Spouse Only \$25,000	<input type="checkbox"/> Cancel	HR Use Only 355 DepLife MO 356 DepLife BW
<input type="checkbox"/> Option 2 Spouse \$10,000	<input type="checkbox"/> Option 4 Child(ren) Only \$10,000	<input type="checkbox"/> Waive	
<input type="checkbox"/> Option 2 Child(ren) \$5,000	<input type="checkbox"/> Option 5 Spouse Only \$10,000		
	<input type="checkbox"/> Option 6 Child(ren) Only \$5,000		

### 5. Voluntary AD & D Enrollment

<input type="checkbox"/> Employee <input type="checkbox"/> Employee & Family <input type="checkbox"/> Cancel <input type="checkbox"/> Waive	<u>Monthly Cost</u> \$0.02 per \$1,000 of coverage \$0.04 per \$1,000 of coverage	<u>Note:</u> Amount requested must be in increments of 10,000 not to exceed ten times your base annual salary. Amount Requested: _____ Premium: _____	HR Use Only 290 VAD&D MO 291 VAD&D BW
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### 6. Legal Plan Enrollment – ARAG

Elect       Cancel       Waive

HR Use Only  
360 Legal MO  
361 Legal BW

### 7. Beneficiary Information

Primary Beneficiary Information: Designate your beneficiary(s) for basic life, optional life and voluntary AD&D below

Name, Address, Phone Number of Beneficiary

Social Security No.	Relationship	Date of Birth	Benefit Percentage %
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Name, Address, Phone Number of Beneficiary

Social Security No.	Relationship	Date of Birth	Benefit Percentage %
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Contingent Beneficiary Information: Designate your beneficiary(s) below

Name, Address, Phone Number of Beneficiary

Social Security No.	Relationship	Date of Birth	Benefit Percentage %
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Name, Address, Phone Number of Beneficiary

Social Security No.	Relationship	Date of Birth	Benefit Percentage %
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Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

HR Use Only

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_