



Columbus Consolidated Government

Group Life Insurance Enrollment & Change Form

ReliaStar Life Insurance Company ~ P.O. Box 20 ~ Minneapolis, Minnesota 55440

Employee Name	<input type="checkbox"/> Female	<input type="checkbox"/> Married	Birthdate (MM/DD/YY)	Hire Date (MM/DD/YY)
	<input type="checkbox"/> Male	<input type="checkbox"/> Single		
Address	Dept. No.	Social Security Number		Effective Date
City	State	Zip	Occupation	Annual Earnings \$
Home Phone () ()	Work Phone () ()		<input type="checkbox"/> New Employee or <input type="checkbox"/> Change	

Basic Group Life and AD&D - Equal to one and one-half time base annual salary (to a maximum of \$250,000, rounded to the next higher \$500) <i>ReliaStar (Huze + Associates)</i>	No Cost
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I ELECT TO RECEIVE THE FOLLOWING ADDITIONAL COVERAGES:

Prior to the beginning of each plan year, I will have the opportunity to enroll, cancel or change the elected coverages:

Supplemental Group Life Check Here to Decline <input type="checkbox"/> \$10,000 to \$250,000 in \$10,000 increments (not to exceed three (3) times annual earnings)	Amount Selected: \$ _____ \$
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Bi-weekly Payroll Deduction for Supplemental Life (24 deductions per year)

AGE	Per \$10,000	AGE	Per \$10,000	AGE	Per \$10,000
Less Than 30	\$.25	45 to 49	\$1.35	65 to 69	\$10.70
30 to 34	\$.30	50 to 54	\$2.35	70 to 74	\$17.25
35 to 39	\$.40	55 to 59	\$3.75	75 to 79	\$27.35
40 to 44	\$.75	60 to 64	\$5.90		

Primary Beneficiary for Basic & Supplemental Group Life Insurance	Relationship
Contingent Beneficiary for Basic & Supplemental Group Life Insurance	Relationship

Dependent Group Life Check Here to Decline <input type="checkbox"/> \$2,000 Spouse and \$2,000 Each Child @ \$.72 per family, per month	\$
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I hereby request the coverages under the above life insurance policy. I understand that if I elect to be covered for any of the above life insurance benefits, I authorize my employer to deduct the above premiums from my bi-weekly paychecks (24 per year). I further understand that if I decline any coverage under the life insurance policy, I may apply at a later date and must submit evidence of insurability to ReliaStar.

Date _____

Signature _____