

# UNUM

## Mississippi Schools Active Employee & Dependents Enrollment Form for Supplemental & Dependent Life Insurance 537377-027

Employee Name (Last name, first, middle initial)		Social Security Number	
Employee Address (street, city, state, zip code)		Date of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Employment	Annual Earnings	
Employer <b>PEARL RIVER COMMUNITY COLLEGE</b>		Occupation	
I am covered under the Basic State Life Insurance Plan. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I am: <input type="checkbox"/> New Enrollee <input type="checkbox"/> Late Enrollee (Evidence of Insurability is required) <input type="checkbox"/> Changing Beneficiary			
<input type="checkbox"/> Changing Name (previous name _____) <input type="checkbox"/> Adding Dependent(s)			

### Beneficiary Information

Designate your beneficiary(ies) for your Basic and Supplemental Life coverage below:

Name	Relationship to You	Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	Benefit %
		Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
		Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
		Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	
		Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	

*If no primary beneficiary(ies) survive you, the proceeds will be paid to the surviving contingent beneficiary(ies).*

### SUPPLEMENTAL LIFE AND DEPENDENT LIFE INSURANCE:

Choose from the following for electing Supplemental Life Insurance:      List spouse & dependents to be covered:

Employee	DEPENDENT/FAMILY	Dependent Name	Relationship	Date of Birth
<b>Life and AD&amp;D</b>  <input type="checkbox"/> <b>\$10,000</b> (\$4) <input type="checkbox"/> <b>\$25,000</b> (\$10) <input type="checkbox"/> <b>\$50,000</b> (\$20) <input type="checkbox"/> <b>None</b>	<b>COVERAGE (\$5)</b> Spouse.....\$10,000 Per Child.....\$ 5,000 To 6 Months per Child....\$ 100 <input type="checkbox"/> I elect dependent coverage. <input type="checkbox"/> I decline dependent coverage. Spouse premium increases age 70			

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 hereby authorize my employer to deduct monthly, the appropriate life insurance premium and also I further authorize my employer to forward payment of such premium amount to UNUM or its authorized agent/representative on the first working day of each month to cover the cost of my life insurance. I understand that UNUM and/or its authorized agent/representative is responsible for billing my employer monthly for the appropriate premium amount. I further understand that I am responsible for notifying UNUM and/or its authorized agent/representative concerning cancellation, premium changes, policy questions, and/or general information. Employee and Dependents must be actively at work and not disabled for coverage to be effective.

Employee Signature	Date	Work Phone	Home Phone
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**\*\*Sign only if you DO NOT want the State Life Insurance\*\***

**STATE OF MISSISSIPPI WAIVER OF BASIC LIFE AND ACCIDENTAL DEATH AND  
DISMEMBERMENT PLAN 537377**

If you do not want to elect Life coverage at this time, please mark the box below, and complete the form at the bottom. Be sure to sign and date the form.

- I do not wish to enroll in the State Life Insurance Plan. I realize that if I choose to enroll at a later date, my application will be subject to Medical Evidence of Insurability.

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

School District or Community College PEARL RIVER COMMUNITY COLLEGE

Signature \_\_\_\_\_

Date \_\_\_\_\_

## UNUM – State Life Insurance (Term Life)

Value = 2 times your annual salary rounded up to the highest thousand.

Cost = \$0.20 per thousand, but PRCC covers ½ the premium, leaving the employee to pay only \$0.10 cents per thousand

Annual Salary = \_\_\_\_\_ X 2 = \_\_\_\_\_

Rounded to the next highest thousand \_\_\_\_\_ (Value of Insurance)

\_\_\_\_\_ X \$0.10 = \_\_\_\_\_ (monthly cost)