

# RELIANCE STANDARD

Life Insurance Company

a DELPHI company

Administered by:  
Plan Administration, Ltd.  
580 Hazard Avenue  
Enfield, CT 06082  
Phone 860-272-1135



**Instructions: Type or print with ballpoint pen.**

## 10 Pay Group Insurance Enrollment Form

Policyholder/Employer Educational School System Kannapolis City Schools				RSL Policy No. VG675547	
Full-Time Employment Date		Location/Bill Group		Class	
Hours Per Week	Job Title	Base Salary	Gender	Employee ID:	
Employee's Full Name Last First				Employee's Birth Date	
Spouse's Full Name Last First				Spouse's Birth Date	

### Voluntary Life Coverage

Benefit Amount: from \$10,000 to \$150,000 in increments of \$10,000

Employee Coverage	Spouse Coverage	Benefit Amount	Premium	Employee Coverage	Spouse Coverage	Benefit Amount	Premium
<input type="checkbox"/>	<input type="checkbox"/>	\$10,000	\$2.16	<input type="checkbox"/>	<input type="checkbox"/>	\$90,000	\$19.44
<input type="checkbox"/>	<input type="checkbox"/>	\$20,000	\$4.32	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000	\$21.60
<input type="checkbox"/>	<input type="checkbox"/>	\$30,000	\$6.48	<input type="checkbox"/>	<input type="checkbox"/>	\$110,000	\$23.76
<input type="checkbox"/>	<input type="checkbox"/>	\$40,000	\$8.64	<input type="checkbox"/>	<input type="checkbox"/>	\$120,000	\$25.92
<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	\$10.80	<input type="checkbox"/>	<input type="checkbox"/>	\$130,000	\$28.08
<input type="checkbox"/>	<input type="checkbox"/>	\$60,000	\$12.96	<input type="checkbox"/>	<input type="checkbox"/>	\$140,000	\$30.24
<input type="checkbox"/>	<input type="checkbox"/>	\$70,000	\$15.12	<input type="checkbox"/>	<input type="checkbox"/>	\$150,000	\$32.40
<input type="checkbox"/>	<input type="checkbox"/>	\$80,000	\$17.28	<input type="checkbox"/>	<input type="checkbox"/>		

### Dependent Voluntary Life Coverage

- Benefit Amount: Child(ren) – \$5,000 for \$0.82 or \$10,000 for \$1.64
- Decline Coverage

Premiums listed are for an employee or spouse. For example, if you elect \$10,000 for both yourself and your spouse, the premium is \$4.32 (\$2.16 + \$2.16).

- Decline Employee Coverage     Decline Spouse Coverage

BENEFICIARY DESIGNATIONS					
Employee	Last Name	First	Initial	Relationship	% of Proceeds
Spouse	Last Name	First	Initial	Relationship	% of Proceeds

I authorize my employer to deduct from my salary or wages the necessary premium for the coverage requested above. The signature below also verifies the accuracy of the information contained on this form.

### Declination of Group Insurance Coverage

- I have been offered and have declined to purchase Group Insurance Coverage(s) as noted above. I understand that in the event I desire such insurance at a later date: (1) I will be required to furnish evidence of insurability at my own expense; and (2) Reliance Standard Life Insurance Company (RSL) will have the right to refuse my request.

I understand that any coverage will not become effective until and unless approved by RSL, and upon approval, any benefits payable are subject to the terms, conditions and limitations of the Group Supplemental Life and Disability Policy/ies. I also understand that the amount of any payroll deduction may be adjusted based on underwriting changes or age changes that affect the rates charged.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign, date and return enrollment form to Plan Administration, Ltd. upon completion.

\*All coverage amounts in excess of \$50,000 for your spouse will require a completed evidence of insurability form be submitted. To obtain a form, please call 1-860-272-1135, and one will be sent to you.