



Basic and Select Life Insurance Enrollment or Change Form

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/dr

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
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THIS FORM IS SUBMITTED FOR (check all that apply):

- BASIC LIFE & AD&D
- BENEFICIARY CHANGE
- CANCELLATION OF SELECT LIFE
- SELECT LIFE ENROLLMENT (check one)
 - Within 30 days of hire
 - During the annual open enrollment
 - Within 30 days of a change in your marital or family status due to such events as marriage, divorce, death, birth or adoption of a child.

EVENT:

DATE of EVENT:

EMPLOYEE NAME:		RIN or last four of SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	EMPLOYMENT DATE:	DEPARTMENT:	TELEPHONE NUMBER:

_____ I want Basic Life and Accidental Death & Dismemberment Insurance Coverage only.
(initial)

_____ I wish to purchase Select Life and Accidental Death & Dismemberment Insurance in an amount equal to my annual salary. I understand this is in addition to the Basic Life and Accidental Death & Dismemberment Insurance coverage provided by the State. I authorize the appropriate payroll deduction from my earnings each month for the cost of this coverage. I reserve the right to discontinue this Select Life and Accidental Death & Dismemberment coverage by submitting a written notice to the Division of Retirement and Benefits at any time.
(initial)

_____ I wish to **cancel** my Select Life and Accidental Death & Dismemberment Insurance Coverage.
(initial)

BENEFICIARY DESIGNATION:

BENEFICIARY LAST NAME	FIRST NAME	M.I.	RELATIONSHIP
MAILING ADDRESS		CITY AND STATE	ZIP CODE + 4
THIS BENEFICIARY RECEIVES THE FOLLOWING BENEFITS IF I DIE: <input type="checkbox"/> BASIC LIFE <input type="checkbox"/> SELECT LIFE		THIS BENEFICIARY IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	PERCENTAGE %
BENEFICIARY LAST NAME	FIRST NAME	M.I.	RELATIONSHIP
MAILING ADDRESS		CITY AND STATE	ZIP CODE + 4
THIS BENEFICIARY RECEIVES THE FOLLOWING BENEFITS IF I DIE: <input type="checkbox"/> BASIC LIFE <input type="checkbox"/> SELECT LIFE		THIS BENEFICIARY IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	PERCENTAGE %
BENEFICIARY LAST NAME	FIRST NAME	M.I.	RELATIONSHIP
MAILING ADDRESS		CITY AND STATE	ZIP CODE + 4
THIS BENEFICIARY RECEIVES THE FOLLOWING BENEFITS IF I DIE: <input type="checkbox"/> BASIC LIFE <input type="checkbox"/> SELECT LIFE		THIS BENEFICIARY IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	PERCENTAGE %

Signature of Employee	Date
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INSTRUCTIONS

BASIC LIFE AND AD&D INSURANCE

The State of Alaska provides Basic Life and Accidental Death and Dismemberment (AD&D) Insurance free of charge to permanent and long-term nonpermanent, full-time, and seasonal employees and their families. The benefit pays \$2,000 to your beneficiaries in the event of your death plus an additional \$5,000 if your death is accidental. Benefits are also available if you are dismembered by accidental causes or if your spouse or child dies.

Permanent or long-term nonpermanent part-time employees who want to participate in Basic Life must elect coverage within the first 31 consecutive calendar days of employment. They must also be enrolled in a State Group Health Plan. Part-time employees pay one-half of the health and life premium cost. Part-time employees who do not enroll within the first 31 days of employment may apply for coverage, subject to approval by the insurance carriers.

For more detailed information regarding the Basic Life Insurance and AD&D plans, please refer to your Employee Group Insurance Information Booklet.

SELECT LIFE AND AD&D INSURANCE

You may choose to enroll in Select Life for a very low cost. The amount of Select Life available to you is equal to your annual income rounded to the next highest \$1,000. The maximum available is \$60,000 (\$100,000 for Supervisory and Confidential Unit employees). The plan pays double the face value if your death is accidental. This plan does not cover your dependents.

You may enroll in Select Life Insurance within 30 consecutive calendar days from the date you were hired as a permanent or long-term nonpermanent employee. If you do not enroll within that time, you may enroll during the annual open enrollment period or within 30 days of a change in your marital or family status such as marriage, divorce, death, or birth or adoption of a child.

For more detailed information regarding the Select Life Insurance and AD&D plans, please refer to your Employee Group Insurance Information Booklet.

Select Life Premiums	
Age	Premium Per \$1000
Under 30	\$0.11
30-39	\$0.12
40-44	\$0.17
45-49	\$0.23
50-54	\$0.33
55-59	\$0.47
60-64	\$0.65
65-69	\$0.92
70-74	\$1.97
75-79	\$3.70
80-84	\$5.23
85 & Over	\$8.02

BENEFICIARY DESIGNATION

The beneficiary designation section names the people you want to receive the benefits you have elected in the event of your death. It may also be used to change those names at any time. The section has space for three beneficiaries. If necessary, you may attach additional forms. This section must be completed listing all intended beneficiaries each time this form is used.

1. Enter the beneficiary's name, address and relationship to you.
2. Indicate which benefits this beneficiary should receive if you die. Check Select Life only if you are enrolled in the program.
3. Indicate whether this beneficiary is primary or contingent. Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
4. Indicate the percentage of the benefits that you would like this beneficiary to receive. The total percentage given to primary beneficiaries must equal 100%. The total percentage given to contingent beneficiaries must equal 100%.
5. List as many beneficiaries as you like, following the instructions for the first beneficiary in #1 through #4 above.