



Benefit Election Form 2010

Name: _____
 Date of Hire: _____

Health Insurance

	Base Plan	Yes		No		Buy-Up Plan	Yes		No		HSA	Yes		No	
Self	\$39.00					\$68.00					\$5.00				
Spouse	\$353.00					\$382.00					\$279.00				
Child(ren)	\$176.00					\$190.00					\$140.00				
Family	\$519.00					\$561.00					\$410.00				

Dental Insurance

		Yes		No	
Self	\$9.00				
Spouse	\$24.24				
Child(ren)	\$32.76				
Family	\$57.00				

Vision Insurance

		Yes		No	
Self	\$13.31				
Employee + 1	\$21.29				
Employee + Child(ren)	\$21.74				
Family	\$35.05				

Life Insurance (Basic Life/AD&D/LTD/Voluntary Life/VAD&D)

Columbia College provides each employee with basic life insurance (and accidental death & dismemberment) equal to 2x annual salary at no cost to the employee. The College also provides long-term disability coverage at no cost to the employee. In addition, employees can purchase voluntary life insurance. This coverage would be in addition to the basic life policy the College provides. If voluntary life insurance is elected, employees may also purchase accidental death & dismemberment equal to the amount elected for voluntary life insurance (available for employee coverage only).

I wish to participate in the voluntary life insurance plan offered by Columbia College at the rates listed below. Employees may elect units of \$10,000 for any amount from \$20,000 to the lesser of \$500,000 or 5 times basic annual earnings, rounded to the next higher \$10,000. Employees are guaranteed \$120,000. If I elect coverage for myself, I may elect coverage for my spouse and/or child(ren). If spousal coverage is elected it must be in units of \$5,000, up to the lesser of 50% of the employee's amount or \$250,000. Spouses are guaranteed \$50,000. If child(ren) coverage is elected it cannot exceed 50% of the employee's amount. Children are covered from birth to 19 years (25 years, if full-time student).

*****Any amount elected above \$120,000 for employee or \$50,000 for spouse will be subject to proof of good health:**

Rates listed are per each \$1000 of coverage purchased

	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Non-smoker	\$0.07	\$0.08	\$0.11	\$0.18	\$0.26	\$0.43	\$0.75	\$1.18	\$1.86	\$2.97	\$5.25
Smoker	\$0.13	\$0.14	\$0.19	\$0.31	\$0.57	\$0.92	\$1.67	\$2.04	\$3.28	\$5.20	\$8.75

Employee

Yes No

Amount elected _____ / 1000 = \$ _____ x Rate Above _____ = Monthly Cost \$ _____

Spouse

Yes No

Amount elected _____ / 1000 = \$ _____ x Rate Above _____ = Monthly Cost \$ _____

Child(ren)

\$0.18/month for \$1,000
 \$0.91/month for \$5,000
 \$1.82/month for \$10,000

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I wish to participate in the voluntary Accidental Death & Dismemberment plan offered by Columbia College at the rates listed below (AD&D is available for employee coverage only, and only if the employee elected voluntary life insurance.):

\$0.05/month per \$1,000 of benefit

Yes		No	
-----	--	----	--

Amount Elected _____ / 1000 = _____ x 0.05 = Monthly Cost \$ _____

AFLAC (Supplemental Insurance)

I would like more information about the supplemental insurances offered to me through AFLAC:
Short Term Disability – Accident – Cancer

Yes	
-----	--

No	
----	--

Premiums will be payroll deducted semimonthly.

I understand that if I waive any or all of the benefits offered during this enrollment, I give up the right to participate in the coverages. I understand that if I apply for coverages at a later date I may not qualify, or may be subject to restrictions or exclusions.

Employee Name (please print)

Signature

Date