

Town of Davie
Standard Insurance Company Group Insurance Election Form
Life, Accidental Death & Dismemberment
Additional Life

Name: _____ Social Security #: _____

Date of Birth: _____ Date of Hire: _____ Annual Earnings: _____

Base Plan

The base Plan is a flat benefit amount which is paid for entirely by your employer.

Dependent Life

As an added benefit, the Town of Davie makes available to you the option of purchasing additional amounts of life coverage for your spouse and dependent children:

Spouse - **\$10,000** Child(ren) - **\$5,000** Cost - **\$2.53 per month**

Additional Life (Employee Only) The following are the rates for Supplemental Term Life and AD&D Insurance, Not to exceed \$400,000

		Age	Rate/\$1,000	Age	Rate/\$1,000
1 × Annual Earnings	<input type="checkbox"/>	Under 30	\$.10	50-54	\$.38
2 × Annual Earnings	<input type="checkbox"/>	30-34	\$.11	55-59	\$.57
		35-39	\$.12	60-64	\$.87
3 × Annual Earnings	<input type="checkbox"/>	40-44	\$.16	65-69	\$1.53
Waiving Coverage	<input type="checkbox"/>	45-49	\$.25	70-74	\$2.43

Beneficiary Information

Name: _____ Relationship _____
 Address: _____
 Social Security #: _____

I apply for Insurance under the Group Insurance Plan. I authorize deductions from my wages to cover my contribution, if required, toward the cost of my insurance.

× _____ Date ____ / ____ / ____

*** Note: Beneficiary designation is not valid unless this form is signed and dated

Office Use Only
Date of Hire: _____
Effective Date: _____
Type of Base Plan: _____
Amt. of Base Plan: _____
Processed By: _____
Date: _____

Office Use Only
Dept. _____
Position: _____
Dependent Life: _____
Additional Life: _____