

How Much Does Voluntary Life Insurance Cost For Each Member of the Association?

Because of group purchasing power, this term life insurance is affordable. Monthly payroll deductions for members are shown below:

Rate table effective July 1, 2019

Age	Monthly Member Rates and Sample Monthly Premium Costs					
	Rates per \$1,000 Renewal	10,000	20,000	50,000	100,000	150,000
<24	\$0.052	\$0.52	\$1.04	\$2.60	\$5.20	\$7.80
25-29	\$0.063	\$0.63	\$1.26	\$3.15	\$6.30	\$9.45
30-34	\$0.081	\$0.81	\$1.62	\$4.05	\$8.10	\$12.15
35-39	\$0.127	\$1.27	\$2.54	\$6.35	\$12.70	\$19.05
40-44	\$0.196	\$1.96	\$3.92	\$9.80	\$19.60	\$29.40
45-49	\$0.299	\$2.99	\$5.98	\$14.95	\$29.90	\$44.85
50-54	\$0.506	\$5.06	\$10.12	\$25.30	\$50.60	\$75.90
55-59	\$0.874	\$8.74	\$17.48	\$43.70	\$87.40	\$131.10
60-64	\$1.265	\$12.65	\$25.30	\$63.25	\$126.50	\$189.75
65-69	\$2.128	\$21.28	\$42.56	\$106.40	\$212.80	\$319.20
70-74	\$6.061	\$60.61	\$121.22	\$303.05	\$606.10	\$909.15

Premiums and rates are based on attained age and change as you move to a higher age bracket.

Premiums and rates for members age 75 and over are available. Please call SEANC Insurance Department for details.

What About Medical Questions?

If you and your dependent enroll within 180 days of membership initiating, provided that the new member has not been a member at any time during the immediate preceding two years, you and your family may purchase a specific amount of life insurance on a guaranteed issue basis. Medical questions will not be required for coverage at or under the guaranteed issue amounts. You, the member, may also apply for coverage that exceeds the guaranteed issue amount but, you will be subject to medical underwriting for any amount in excess of the guaranteed issue amount.

GUARANTEED ISSUE FOR MEMBERS:

Age	Amount
Under 60	\$150,000
60-69	80,000
70 and Over	- 0 -

Coverage will become effective on the first of the month following receipt of the first full premium payment, and provided membership dues are paid current.

What If I Leave State Government?

If you leave State government, the coverage is "portable". You may continue life insurance coverage for you and your family by making payments directly to Boston Mutual. 1) You must apply and pay premium within 31 days after the date employment ends. 2) You must be under age 60 and you have not converted your group life insurance.

Is There A Conversion Privilege For All Or Part of My Insurance Benefit?

Yes, you, your spouse or children may convert the Voluntary Life coverage to a whole life policy without medical underwriting, if you apply within 31 days of the date coverage terminated, and it did not terminate due to non-payment of premium. The premium will be based on our usual rate for the insured's age on the date of conversion.



GROUP VOLUNTARY LIFE INSURANCE ENROLLMENT FORM

G# 40138



SEANC INSURANCE DEPARTMENT

1621 Midtown Place
Raleigh, NC 27609

For SEANC Use Only:

Premium _____

Effective Date _____

MEMBER:

INFORMATION - Amounts in excess of the guaranteed issue limit are available. Please contact SEANC Insurance Office at 800-222-2758 or 919-833-6436. Amounts in excess of the guaranteed issue or enrollment forms submitted after you first become eligible are subject to medical evidence of insurability satisfactory to Boston Mutual.

Member Name (Last, First, Middle Initial) _____

Social Security # _____ Department/Agency _____

Member Address _____

Date of Birth _____ Age _____ Sex (M or F) _____ Date of Hire _____ Occupation _____ Avg. Hours Worked _____

INSURANCE SELECTION: (complete appropriate section)

New Life Insurance

Member Life Insurance \$ _____

OR

Increase in Life Insurance

Current Insurance \$ _____

Additional Insurance Requested \$ _____

Total Requested Insurance \$ _____

Beneficiary Information - Name of Beneficiary Residential Address Date of Birth Social Security # Tele. # Relationship Benefit %

Primary _____

Primary _____

Contingent Beneficiary _____

Contingent Beneficiary _____

If more than one beneficiary is designated, the proceeds will be split equally unless otherwise indicated. Please complete as much beneficiary information as you can provide.

SPOUSE/DEPENDENT CHILDREN:

INFORMATION: Spouse/Dependent Child(ren)

Spouse Life Insurance YES NO Dependent Child(ren) Life Insurance YES NO

Spouse Name _____ Dependent(s) _____

Spouse Date of Birth _____ Dependent Dates of Birth _____

The beneficiary for the spouse and dependent children is the member.

I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the group policy or group policies issued to SEANC by the Boston Mutual Life Insurance Company. I, the undersigned, hereby authorize my employer to deduct premiums for the SEANC insurance identified above from my wages/pension on a monthly basis, in such amounts as are currently established pursuant to the SEANC insurance contract with the provider, or in such adjusted amounts as may be established by SEANC and the provider by contract subsequent to the date of this authorization. This authorization shall continue until cancelled by me by written notice to the SEANC Central Office.

I understand that if I am disabled on the date my insurance would otherwise become effective, I shall only become insured on the date I return to active full-time work.

I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Member _____ Date _____

Mail to: SEANC 1621 Midtown Place Raleigh, NC 27609