

**(10THLY) ADDITIONAL VOLUNTARY BENEFITS*****This selection sheet must be received by the Benefits Department on or before NOVEMBER 1st, 2023.*****PLEASE INDICATE WHICH VOLUNTARY PLANS YOU ARE ADDING, CHANGING OR DELETING.****RATES ARE 10THLY FROM SEPTEMBER THROUGH JUNE. NO PAYMENTS ARE TAKEN IN JULY AND AUGUST.**

Check the boxes that apply:

I am Adding, Changing or Deleting:

Life and/or AD&D Insurance	MetLife Legal Plan	Long-Term Care Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*If you are adding OR changing voluntary coverage(s), you MUST complete a new enrollment form located on our website: [www.alpineschools.net](http://www.alpineschools.net) > Departments > Human Resources > Benefits > Benefits Forms**

**PLEASE SIGN AND DATE THE BACK ON THIS FORM FOR ALL CHANGES TO BE EFFECTIVE.**

Please describe changes: \_\_\_\_\_

(i.e. adding, deleting, changing plans, etc.)

Plan information is located on website: [www.alpineschools.net](http://www.alpineschools.net) > Departments > Human Resources > Benefits > Benefits Overview**Additional Optional Benefits Available: Check any boxes that apply:****The Hartford Voluntary Life and/or AD&D Insurance Plan****The District pays for a Basic Life Insurance in the amount of \$50,000 as well as Long-Term Disability coverage for employee only.**

In addition to the District-paid \$50,000 Basic Life, employees can enroll in the supplemental coverages.

**(NOTE: All employees and dependents must fill out the Evidence of Insurability (EOI) form for approval of supplemental coverage. Payroll deductions will not be taken until approved by The Hartford.)**☐I wish to enroll in supplemental Life or AD&D insurance plan. (Please complete an enrollment form & [Evidence of Insurability \(EOI\) form](#)).☐I am already enrolled but wish to make changes. (Please complete a new enrollment form & [Evidence of Insurability \(EOI\) form](#) indicating changes. Employee voluntary coverage can be increased in increments of \$10,000 without having to fill out another EOI form).☐I wish to cancel my Voluntary Life and/or AD&D Plan effective December 31, 2023.  
(Please submit written notification identifying what type of coverage(s) you are canceling)**MetLife Legal Plan**☐I would like to enroll in the MetLife Legal Plan with a monthly deduction of **\$23.40**.I understand that I must remain enrolled for a **minimum of one year (10 payments) before I may cancel**. (Please complete an enrollment form).☐I would like to enroll in the MetLife Legal Plan *with plus Parents coverage* with a monthly deduction of **\$30.60**.I understand that I must remain enrolled for a **minimum of one year (10 payments) before I may cancel**. (Please complete an enrollment form).☐

I wish to cancel my enrollment in the MetLife Legal Plan effective December 31, 2023. (Please complete an enrollment/cancellation form).

**Long-Term Care Insurance**☐I would like to enroll in the Long Term Care Insurance. I understand it must be approved by Unum before it takes effect. Forms and plan information are located on our website: [www.alpineschools.net](http://www.alpineschools.net) > Departments > Human Resources > Benefits > Benefits Forms.☐

I wish to cancel my enrollment in the Unum Long Term Care Insurance Plan effective December 31, 2023.

**Note: The meetings for the "Section 125" plan selections and related plans will be held in December.**

**THIS FORM MUST BE SIGNED AND RETURNED TO THE BENEFITS DEPARTMENT ON OR BEFORE NOVEMBER 1st, 2023 AT 4:00 P.M.**

**All Monthly Premiums are based on 10 months.**

**There are no premiums in July & August each year.**

**All deductions start in December 2023 to be effective January 1, 2024.**

It is expressly understood and agreed that the District, its offers, agents and employees have made no representation regarding and are not responsible for the choice made by each employee or other consequences of the group of employees. My signature authorizes any payroll deductions that may be required towards the cost of any voluntary selections I have made to my coverage.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet-Certificate, and Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.