

<b>A. Employee Information. Incomplete forms will be returned.</b>					
<b>Company Name: Montana Unified School Trust</b>			<b>Employer Name:</b>		
Employee First Name:		Last Name:	Middle Initial:	SSN #:	Date of Birth:
Mailing Address:			City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Phone:		
Average Hours Worked Per Week:		Occupation:			
Earnings: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly \$ _____			First Day of Work:		

## Voluntary Life and AD&D:

- Apply for up to four times your annual salary (any multiple of \$10,000) to a maximum of \$500,000.
- Voluntary Life insurance is Employee - Paid
- Guarantee Issue amount for an employee is \$50,000, only at the time of initial enrollment. Any amount over the Guarantee Issue amount requires the member to complete and submit an Evidence of Insurability form.

### Employee Coverage

**Amount of coverage requested (volume in \$10,000 increments):**

Employee  Yes  No \$ \_\_\_\_\_

Voluntary Life Rates per \$10,000					
Age	Rate	Age	Rate	Spouse	Rate
<25	\$1.10	55 - 59	\$8.70	All Ages	\$1.50
25-29	\$1.10	60 - 64	\$9.90	<b>Child(ren)</b>	<b>Rate</b>
30 - 34	\$1.20	65 - 69	\$18.20	To Age 26	\$1.50
35 - 39	\$1.50	70 - 74	\$29.70		
40 - 44	\$2.20	75 - 79	\$40.40		
45 - 49	\$3.60	80+	\$76.70		
50 - 54	\$5.30				

### Dependent Life

Amount available: \$5,000  
Available only when Voluntary Life is purchased.  
Dependent Life cannot be increased.

Spouse  Yes  No  
Child (ren)  Yes  No

**Waive Coverage**  **Drop Coverage** (Effective first of the month after submission)

I understand that I will not be able to elect coverage or increase the elected volume in the future without completion and approval of an *Evidence of Insurability*.

The *Evidence of Insurability* is a short medical questionnaire required after initial eligibility for any amount elected, and during initial eligibility for anyone electing any amount over the Guarantee Issue amount, please contact MUST to obtain a copy of this form.

## Dependent Life Enrollment

If you have elected Dependent Life, please complete the Dependent information below.

<u>DEPENDENT FAMILY MEMBERS</u>			SSN	Date of Birth	Gender M/F	Relationship
First	M	Last				

## Beneficiary Information

<i>Primary Beneficiary - 1</i>				
Name (First, MI, Last)	Relationship	SSN	Date of Birth	% of Benefit
Mailing Address		City, State, Zip		
<i>Primary Beneficiary - 2</i>				
Name (First, MI, Last)	Relationship	SSN	Date of Birth	% of Benefit
Mailing Address		City, State, Zip		
<i>Contingent Beneficiary</i>				
Name (First, MI, Last)	Relationship	SSN	Date of Birth	% of Benefit
Mailing Address		City, State, Zip		

For additional beneficiaries, please attach another copy of this sheet.

**Please Note: Page 1 of the Voluntary Life Benefit Enrollment Form must be included with this page.**

## Signature

Please complete all sections below:

Printed Name:	Employer Group Name:
Signature:	Date:

\* Form and coverage not effective unless signed and dated by the applicant.

Please retain this page for your information.

*Please be aware that your coverage may be impacted by certain limitations and exclusions including, but not limited to, the following:*

## Limitations and Exclusions

### Delayed Effective Date:

**Employee:** Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

**Dependents:** Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means that, as a result of injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment; or has a life threatening condition. Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.

### Exclusion for Suicide:

#### Where the cause of death is suicide:

1. No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date; and
2. No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.

**This Suicide Exclusion does not apply to Washington residents.**

### AD&D Benefit Exclusions:

AD&D Benefits would not be paid for losses caused by, contributed to, or resulting from:

- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
- Suicide, self-destruction while sane, or self-inflicted injury;
- War, declared or undeclared, or any act of war;
- Active participation in a riot;
- Attempt to commit or commission of a crime;
- The voluntary use of any prescription or non-prescription drug, poison, fume or any other chemical substance unless used according to the prescription or direction of the individual's doctor. This exclusion does not apply to the individual if the chemical substance is ethanol; or
- Intoxication. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.)

*Please see your Unum certificate of coverage on [www.mustbenefits.org/publications](http://www.mustbenefits.org/publications) for a complete listing of applicable limitations and exclusions.*

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