



**Individual and Family Group Term Life Insurance (Policy #32871-G)
Annual Option to Increase Life Insurance Coverage
October 1 – 26, 2018; Coverage Increase Effective January 1, 2019**

This is your annual opportunity to increase your Individual and Family Group Life Insurance coverage. **You must have coverage in force under this plan as of October 1, 2018 in order to participate in the Annual Increase Option period.** If you want to increase your coverage, complete and **return this form to your institution's benefits office by 4:30 pm on October 26, 2018.** Do not return form if you want to maintain your current coverage.

Current Coverage Level: You can review your current coverage level online at My UW System: <https://my.wisconsin.edu> (go to the Benefit Information Box and click on link called "View Benefits Summary Detail").

You may elect to increase your coverage by the following amounts:

- **Employee:** \$5,000, \$10,000, \$15,000 or \$20,000 (Maximum coverage level: **\$300,000**)
- **Spouse or Domestic Partner:** \$5,000 or \$10,000 (Maximum coverage level: **\$150,000**)
- **Child(ren):** \$2,500 (Maximum coverage level: **\$25,000**)

Your spouse/domestic partner or child coverage cannot exceed your level of employee coverage.

The increased coverage level will be effective January 1, 2019 (new premium deducted from December earnings).

Insured Employee Information

Insured Employee Name (last, first, middle)		Spouse/Domestic Partner Name (last, first, middle)	
Street Address (street, city, state, zip code)			
Daytime Telephone Number	Date of Birth (mo/day/yr)	Social Security Number (last 4) XXX-XX-	Employee ID (8 digits)

Elect Coverage Level Increase (choose one under each coverage level, if applicable)

<i>I want to increase my coverage by the following amount(s):</i>	<input type="checkbox"/> Employee Coverage Level:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000
	<input type="checkbox"/> Spouse/Domestic Partner Coverage Level:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000		
	<input type="checkbox"/> Child(ren) Coverage Level:	<input type="checkbox"/> \$2,500			

Signature - (Sign here and return completed application to your institution's benefits office)

I have read the above information and elect to increase my life insurance coverage amount(s) per the amounts checked above. I agree to the provisions of the plan and hereby authorize deduction of the monthly premium from my salary.

Signature of Insured Employee	Date (mo/day/yr)
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Additional Information

- 2019 Individual and Family Life Insurance Premium Calculator: <https://uwservice.wisconsin.edu/indfam-increase-calculator/>
- Plan information, premiums and forms available at: <https://www.wisconsin.edu/ohrwd/benefits/dis-life-accident/if/>
- To **decrease or cancel coverage**, submit an application (<https://www.wisconsin.edu/ohrwd/benefits/download/life/if/app.pdf>) to your benefits office at any time.
- Certificate of Insurance (effective January 1, 2014): <https://www.wisconsin.edu/ohrwd/benefits/download/life/if/cert.pdf>

For Office Use Only					
Date Rec'd:	Rec'd by:	Processor Initials:	Premium effective 1-1-19 \$	Coverage effective date: 1-1-19	Employee ID
Current & New Coverage Levels (effective 1-1-2018)					
2018 Coverage Amount	NEW 2019 Amount	2018 Coverage Amount	NEW 2019 Amount	2018 Coverage Amount	NEW 2019 Amount
Employee: \$	\$	Sp/DP: \$	\$	Child: \$	\$

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