

Individual & Family Life Insurance (Policy #32871-G) Annual Option to Increase Life Insurance Coverage Form

The Annual Increase Option (AIO) period (*September 30 – October 25, 2019*) is your opportunity to increase your Individual & Family Life Insurance coverage. **You must have coverage in force under this plan in order to participate in the Annual Increase Option period.**

To increase your coverage, complete and **return this form to your institution's human resources office by 4:30 pm on October 25, 2019. No action is required** to maintain your current coverage level(s).

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

Coverage may be increased 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 is effective January 1, 2020 (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 human resources 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) |
|-------------------------------|------------------|

Additional Information

- Individual & Family Life Insurance Plan information, premiums and forms: <https://www.wisconsin.edu/ohrwd/benefits/life-accident/if/>
- Certificate of Insurance: <https://www.wisconsin.edu/ohrwd/benefits/download/life/if/cert.pdf>
- 2020 Individual & Family Life Insurance Premium Calculator: <https://uwservice.wisconsin.edu/indfam-increase-calculator/>
- To **decrease or cancel coverage**, submit a paper application (<https://www.wisconsin.edu/ohrwd/benefits/download/life/if/app.pdf>) to your institution's human resources office at any time.

| For Office Use Only | | | | | |
|--|----------------------------|----------------------|--|--|----------------------------|
| Date Received: | Received by: | Processor Initials: | Premium effective: 1/1/2020 \$ | Coverage effective date: 1/1/2020 | Employee ID: |
| Current & New Coverage Levels (effective 1/1/2020) | | | | | |
| 2019 Coverage Amount | 2020 Coverage Amount (NEW) | 2019 Coverage Amount | 2020 Coverage Amount (NEW) | 2019 Coverage Amount | 2020 Coverage Amount (NEW) |
| Employee: \$ | \$ | Sp/DP: \$ | \$ | Child: \$ | \$ |

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