



Continuation Application

UW Institution must complete this section				
Employee Name (Last, First, Middle)		Social Security Number XXX-XX-	Date of Birth (Mo/Day/Yr)	
Employee Address (street, city, state, zip)		Employee Telephone Number		
Retirement Date (Mo/Day/Yr)	Coverage Level <input type="checkbox"/> Single <input type="checkbox"/> Family	Amount of Coverage in Force \$	Monthly Premium \$	Premium Paid Through
Number of Months Premiums Due Through October 31		Total Premium Due (# of Coverage Months until October 31 x Monthly Premium; use rates below) \$		
The total premium due and continuation application must be submitted directly to Hausmann-Johnson no later than 60 days from the policy paid through date. This completed form and premium must be submitted no later than _____				
Prepared By	Date (Mo/Day/Yr)	Telephone Number	UW Institution Name	

Continuation rates (eff 11-01-2016)						
Retiree Benefit Amount	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Retiree Only Premium	\$.73	\$ 1.45	\$ 2.90	\$ 4.35	\$ 5.80	\$ 7.25
Family Plan Premium	\$ 1.10	\$ 2.20	\$ 4.40	\$ 6.60	\$ 8.80	\$ 11.00
Retiree Benefit Amount	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000	
Retiree Only Premium	\$ 8.70	\$ 10.15	\$ 11.60	\$ 13.05	\$ 14.50	
Family Plan Premium	\$ 13.20	\$ 15.40	\$ 17.60	\$ 19.80	\$ 22.00	

Employee – Please review and complete this section									
<p>In order to continue your AD&D coverage, you must submit this application and the total premium due listed above directly to Hausmann-Johnson within 60 days of the premium paid through date.</p> <p>Hausmann-Johnson will send you a policy renewal notice for coverage effective November 1 and thereafter. You will be required to remit the full annual premium (plus an administration fee of \$4.00) directly to Hausmann-Johnson every policy year in order to maintain coverage. Contact Hausmann-Johnson directly if you need to update your mailing address.</p> <p>Your signature below indicates you understand that you are continuing group coverage and that your coverage will be reduced according to the schedule below as detailed in the AD&D policy.</p> <p>At age 70, your benefit amount and that of your spouse or domestic partner will be reduced based on your previous benefit amount.</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Age 70 through 74</td> <td>65%</td> </tr> <tr> <td>Age 75 through 79</td> <td>45%</td> </tr> <tr> <td>Age 80 through 84</td> <td>30%</td> </tr> <tr> <td>Age 85 and over</td> <td>15%</td> </tr> </table> <p>Note: The Permanent and Total Disability Benefit does not apply to retirees.</p>		Age 70 through 74	65%	Age 75 through 79	45%	Age 80 through 84	30%	Age 85 and over	15%
Age 70 through 74	65%								
Age 75 through 79	45%								
Age 80 through 84	30%								
Age 85 and over	15%								
Employee Signature	Date (Mo/Day/Yr)								

Send Completed Form and Premium Payment To:
 Hausmann-Johnson Insurance - Office of the Comptroller
 PO Box 259408, Madison, WI 53725-9408
 Phone: (608) 257-3795

For Plan Information and Certificate: <https://www.wisconsin.edu/ohrwd/benefits/life/add/>