

Goodwill Life Insurance Enrollment Form (Co. Paid & Voluntary)

You can elect up to the following Voluntary Life insurance amounts with NO medical questions:

\$200,000 on yourself (but no more than the lesser of 5 times your salary of \$500,000) with no medical questions.

\$25,000 on your spouse (but no more than the amount you elect for yourself)

\$10,000 on your children (but no more than the amount you elect for yourself)

Want coverage over this amount? We will mail you an EOI form (evidence of insurability) to complete and send to Prudential Insurance. Until approved, Goodwill will cap you at your "Guaranteed Issue" amount above.

First Name: _____ **Last Name:** _____ **Middle Initial/Name:** _____

Last Four Digits of your Social Security Number: _____ **Date of Birth:** _____

1. EMPLOYEE ELECTION FOR EMPLOYEE PAID LIFE INSURANCE **rates page 2.***

I would like to elect: \$ _____ coverage* on myself, payable to my beneficiaries on page 2 in event of my death.

*This coverage amount must be an increment of \$10,000 or Goodwill will round down to nearest \$10,000 and on any related values, such as the spousal or child amount which cannot exceed this coverage amount. No coverage indicated = \$0.

2. SPOUSE OR CHILD ELECTION FOR EMPLOYEE PAID LIFE INSURANCE **rates page 2.** *****

First Name	Last Name	Date of Birth	Relationship (SP/ CH)	Amount of Coverage
1.				
2.				
3.				
4.				
5.				

** Coverage should be selected in \$5,000 increments for your spouse and in amounts of \$2,000 for your children (children premium is the same, no matter the number of children). Coverage will be rounded down to nearest increment if incorrect

***You must have EMPLOYEE coverage in order to apply for dependent coverage.

3. BENEFICIARY INFORMATION FOR COMPANY & EMPLOYEE PAID LIFE INSURANCE

Even if you do not elect voluntary coverage, Goodwill pays for life insurance on regular, full-time employees. Please indicate who you would like to receive these funds on event of your death.

NAME (last name, first, middle initial):	RELATION TO YOU:	BENEFIT %:
1.		
2.		
3.		
4.		

IF THE BENEFICIARY(IES) NAMED ABOVE ARE NOT LIVING, THEN PAY:

NAME (last name, first, middle initial):	RELATION TO YOU:	BENEFIT %:
1.		
2.		
3.		
4.		

Request for Signature and Certification: I have read and understand the "Limitations and Exclusions" and rates on page 2. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that certain amounts will require evidence of insurability and that the only times when evidence of insurability may be waived are during initial enrollment and open enrollment, depending on the amount. I understand that my payroll deduction amount will change if my coverage or costs change.

Employee Signature

Date

Employee Age	Monthly Cost per \$1000 for employee or spouse.	Child Coverage (Any # of children)	Monthly Cost (Any # of children)
> 25	\$0.079	\$2,000	\$0.079
25-29	\$0.092	\$4,000	\$0.092
30-34	\$0.104	\$6,000	\$0.104
35-39	\$0.130	\$8,000	\$0.130
40-44	\$0.175	\$10,000	\$0.175
45-49	\$0.264	(Children covered through age 25) To calculate, use EMPLOYEE age. Multiply Monthly Cost by number of thousands. Example: Employee, age 45, Monthly Rate = .264 Coverage desired: \$80,000 Monthly Total Cost: Multiply 0.264 times 80 = \$21.12 per month.	
50-54	\$0.430		
55-59	\$0.714		
60-64	\$1.114		
65-69	\$1.810		
70-74	\$3.188		
75+	\$5.412		

Limitations & Exclusions:

- Benefits begin first of the month following or coincident with one month of eligible service, or on 1/1 of following year if during Open Enrollment.
- Benefits reduce by 50% at age 70 for basic life insurance paid by company, but 65% at age 70 for voluntary life insurance and 50% at age 75.
- Relatives both employed may not be covered as both spouse or child and as employee.

Basic AD&D Losses Not Covered if resulting from:

- Suicide or attempted suicide, while sane or insane.
- Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- Sickness, whether the Loss results directly or indirectly from the Sickness.
- Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.
- Any bacterial or viral infection. But, this does not include:
 - a pyogenic infection resulting from an accidental cut or wound; or
 - a bacterial infection resulting from accidental ingestion of a contaminated substance.
- War, or any act of war, except as provided by the War Risk Hazard provision. War means declared or undeclared war, and includes resistance to armed aggression
- An accident that occurs while the person is serving on full-time active duty for more than 30 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- Travel or flight in any vehicle used for aerial navigation, except as provided by any Hazard provision, if:
 - the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - the person is performing as a pilot or a crew member of any aircraft; or
 - the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.
- Commission of or attempt to commit an assault or a felony.
- Being legally intoxicated or under the influence of any narcotic, unless administered or consumed on the advice of a Doctor.
- Participation in these hazardous sports: scuba diving; bungee jumping; skydiving; parachuting; hang gliding; or ballooning