

**SPARROW BENEFIT CHOICES
PART TIME CAREGIVER LIFE INSURANCE OPTIONS
ENROLLMENT FORM**

CAREGIVER NAME:	CAREGIVER #:	MONTHLY CONTRIBUTIONS																																
SOCIAL SECURITY #:	DOB:																																	
CAREGIVER SUPPLEMENTAL LIFE INSURANCE OPTIONS	Please select the option of your choice: A. \$10,000.00 B. \$20,000.00 C. \$30,000.00 D. \$40,000.00* E. \$50,000.00* D. NO COVERAGE *EOI required for coverage	A. <input type="checkbox"/> \$ B. <input type="checkbox"/> \$ C. <input type="checkbox"/> \$ D. <input type="checkbox"/> \$																																
CAREGIVER LIFE INSURANCE BENEFICIARY INFORMATION	Name of Beneficiary (if more than one is named, proceeds will be paid in equal shares unless otherwise specified below). Primary Beneficiary <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Last Name</th> <th style="width: 20%; text-align: center;">First Name</th> <th style="width: 30%; text-align: center;">Relationship</th> <th style="width: 20%; text-align: center;">%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> Contingent Beneficiary <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Last Name</th> <th style="width: 20%; text-align: center;">First Name</th> <th style="width: 30%; text-align: center;">Relationship</th> <th style="width: 20%; text-align: center;">%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Last Name	First Name	Relationship	%	1. _____	_____	_____	_____	2. _____	_____	_____	_____	3. _____	_____	_____	_____	Last Name	First Name	Relationship	%	1. _____	_____	_____	_____	2. _____	_____	_____	_____	3. _____	_____	_____	_____
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DEPENDENT LIFE INSURANCE OPTIONS <small>(If both parents are employed by Sparrow, only one parent may cover eligible dependents.)</small>	A. \$ 2,500.00 Per Child B. \$ 5,000.00 Per Child C. \$10,000.00 Per Child D. NO COVERAGE	A. <input type="checkbox"/> \$0.24 B. <input type="checkbox"/> \$0.47 C. <input type="checkbox"/> \$0.94 D. <input type="checkbox"/> \$0.00																																
SPOUSAL LIFE INSURANCE OPTIONS <small>(If your spouse is also a Sparrow Caregiver and eligible for the basic life benefit, you may not cover your spouse under this plan.)</small>	A. \$ 5,000.00 B. \$10,000.00 C. \$25,000.00 D. \$40,000.00* E. \$50,000.00* F. NO COVERAGE *EOI required for coverage	A. <input type="checkbox"/> \$0.62 B. <input type="checkbox"/> \$1.23 C. <input type="checkbox"/> \$3.08 D. <input type="checkbox"/> \$4.92 E. <input type="checkbox"/> \$6.15 F. <input type="checkbox"/> \$0.00																																

I understand that I am making an election concerning my benefits for the full plan year and I am authorizing any necessary adjustments to my wages accordingly. My elections are binding, subject to any changes required to comply with federal tax law.

Caregiver Signature

Date

PREMIUM WORKSHEET ON REVERSE SIDE OF FORM

****FOR HUMAN RESOURCES USE ONLY****

Hire Date:	Effective Date:	Qualifying Event: <input type="checkbox"/> New Hire <input type="checkbox"/> Benefit Eligible <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Qualifying Status Change
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SUPPLEMENTAL LIFE INSURANCE MONTHLY CONTRIBUTION CALCULATION WORKSHEET

To determine your contribution amount;
Step 1: Enter your election of \$10,000, \$20,000 or \$30,000 in **BOX A**.
Step 2: Divide Box A by 1000, enter that amount in **BOX B**
Step 3: Skip to the age and premium amount chart below. Find the age group you are in and enter the corresponding premium amount in **BOX C**.
Step 4: Multiply **BOX B** and **BOX C** enter the result in **BOX D**.
 The result that you have entered in **BOX D** is your monthly contribution amount for your supplemental life insurance.

A	\$
Divided by 1000	
B	=
X	
=	
X	
C	
D	= \$

Age Range	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Premium	.06	.07	.09	.13	.19	.31	.56	.76	1.31	2.63	4.60