

DEPENDENT INSURANCE Within 31 days of Qualifying Event

Use this form if:

1. You had no dependents when you were first eligible for coverage and are now acquiring your first eligible dependent; or,
2. You have Dependent Plan A coverage and are acquiring a spouse and would like to increase your coverage to Dependent Plan B.

In all other cases, evidence of insurability is required to obtain Dependent Plan A or B coverage. This form must be completed, signed and received by your employing office within 31 days of the qualifying event.

NOTE: A spouse or child already insured under the Group Life Insurance Program as an employee or retiree cannot be insured as a dependent of a participant. If both parents of a child are insured under the Program, only one parent may purchase dependent coverage for that child. Stepchildren may not be covered as dependents.

Your Name:
(First) (MI) (Last) (Suffix)

Social Security Number: Date of Birth:
(mm) (dd) (yyyy)

Mailing Address:
(Street/PO Box) (City/Town) (State) (ZIP)

Email: Employer:

Eligible Event: Event Date:
(Marriage, Birth, Adoption, etc.) (mm) (dd) (yyyy)

Complete this information if dependent is your spouse.

Spouse's Name:
(First) (MI) (Last) (Suffix)

Social Security Number: Date of Birth:
(mm) (dd) (yyyy)

I am electing to purchase:

- | | | | | | | | | | |
|---|---|--------|----------|--|----------|--------------------------------|----------|---------------------------|----------|
| <input type="checkbox"/> DEPENDENT PLAN A
<small>(select who you want to cover)</small>
<input type="checkbox"/> Spouse
<input type="checkbox"/> Children
<input type="checkbox"/> Spouse and Children | <table border="0" style="width: 100%;"> <tr><td>Spouse</td><td style="text-align: right;">\$5,000</td></tr> <tr><td>* Full-time, unmarried student to age 22</td><td style="text-align: right;">\$5,000</td></tr> <tr><td>* Children, 6 months to age 19</td><td style="text-align: right;">\$5,000</td></tr> <tr><td>* Children, 0 to 6 months</td><td style="text-align: right;">\$1,000</td></tr> </table> | Spouse | \$5,000 | * Full-time, unmarried student to age 22 | \$5,000 | * Children, 6 months to age 19 | \$5,000 | * Children, 0 to 6 months | \$1,000 |
| Spouse | \$5,000 | | | | | | | | |
| * Full-time, unmarried student to age 22 | \$5,000 | | | | | | | | |
| * Children, 6 months to age 19 | \$5,000 | | | | | | | | |
| * Children, 0 to 6 months | \$1,000 | | | | | | | | |
| <input type="checkbox"/> DEPENDENT PLAN B
<small>(select who you want to cover)</small>
<input type="checkbox"/> Spouse
<input type="checkbox"/> Children
<input type="checkbox"/> Spouse and Children | <table border="0" style="width: 100%;"> <tr><td>Spouse</td><td style="text-align: right;">\$10,000</td></tr> <tr><td>* Full-time, unmarried student to age 22</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>* Children, 6 months to age 19</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>* Children, 0 to 6 months</td><td style="text-align: right;">\$ 2,500</td></tr> </table> | Spouse | \$10,000 | * Full-time, unmarried student to age 22 | \$ 5,000 | * Children, 6 months to age 19 | \$ 5,000 | * Children, 0 to 6 months | \$ 2,500 |
| Spouse | \$10,000 | | | | | | | | |
| * Full-time, unmarried student to age 22 | \$ 5,000 | | | | | | | | |
| * Children, 6 months to age 19 | \$ 5,000 | | | | | | | | |
| * Children, 0 to 6 months | \$ 2,500 | | | | | | | | |
| <input type="checkbox"/> Convert to DEPENDENT PLAN B due to Marriage | | | | | | | | | |

Employee Signature: _____

Date: _____