

Dependent Life Insurance

If 75% of those employees who have eligible dependents and are enrolled in the basic life programs so elect, we may add dependent life to our group program at a very low cost. The 75% participation test would be applied to only those covered employees who have eligible dependents.

Under this coverage, if an insured dependent dies from any cause whatsoever, the full amount of the dependent life benefit will be paid to the employee.

<u>Unit of Dependent Life Coverage</u>	<u>Monthly Premium for Dependent Unit</u>	
Spouse	\$2,000	\$0.85*
Children		
14 days to age 19	\$2,000	
Age 19 to age 23 provided they are unmarried and attending college full-time.	\$2,000	

*The \$0.85 monthly premium covers all eligible dependents in the family regardless of number.

Request for Dependent Life Insurance

I, the undersigned, hereby apply for Dependent Life Insurance under the provision of the Kirkwood Community College group life plan and hereby authorize the necessary payroll deductions for participation in this plan.

DATE: _____ SIGNED: _____

NAME OF COLLEGE: Kirkwood Community College

Refusal of Dependent Life Insurance

I, the undersigned, hereby certify that I have been given an opportunity to apply for Dependent Life Insurance under the provision of the Kirkwood Community College group life plan and after careful consideration, have decided not to take advantage of this offer.

DATE: _____ SIGNED: _____

NAME OF COLLEGE: Kirkwood Community College