

Supplemental Life Insurance

Request for Supplemental Group Life Insurance Benefits

I, the undersigned, hereby apply for Supplemental Group Life Insurance in the following amounts:

(The following plans are offered in \$10,000 increments ranging from \$10,000 of coverage to \$100,000 of coverage.)

	<u>Amount</u>
Employee	_____
Spouse only	_____
Family Plan	_____

The Child only plan is offered at \$5,000 coverage or \$10,000 coverage.

Child only _____

(If you are electing this coverage, proof of good health is required. Please contact Human Resources at 398-4986 for a Schools Insurance Fund Application and Evidence of Insurability form to accompany this request form.)

I hereby authorize the necessary payroll deductions for participation in this plan if I become covered.

DATE: _____ **SIGNED:** _____

NAME OF COLLEGE: Kirkwood Community College

Refusal of Supplemental Group Life Insurance Benefits

I, the undersigned, hereby certify that I have been given an opportunity to apply for Supplemental Life Insurance under the provision of my employer's Group Life Insurance Program, but elect not to take advantage this offer.

DATE: _____ **SIGNED:** _____

NAME OF COLLEGE: Kirkwood Community College