

SPARROW BENEFIT CHOICES
FULL TIME CAREGIVER LIFE INSURANCE OPTIONS
ENROLLMENT FORM

CAREGIVER NAME:	CAREGIVER #:	MONTHLY CONTRIBUTIONS																																
SOCIAL SECURITY #:	DOB:																																	
CAREGIVER SUPPLEMENTAL LIFE INSURANCE OPTIONS	<p>You may elect supplemental coverage in increments of \$10,000, <i>not to exceed</i> seven times your salary up to \$1,000,000. Please enter your supplemental insurance election: \$</p> <p>*During newly eligible period, Guaranteed Issue amount is \$400,000, <i>not to exceed</i> three times your annual salary, whichever is the lesser amount. EOI required over three times your salary or \$400,000.</p>	\$ (see chart on back)																																
CAREGIVER LIFE INSURANCE BENEFICIARY INFORMATION	<p>Name of Beneficiary (if more than one is named, proceeds will be paid in equal shares unless otherwise specified below).</p> <p>Primary Beneficiary</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; 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: 15%; 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> <p>Contingent Beneficiary</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; 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: 15%; 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>	<p>A. \$ 2,500.00 Per Child</p> <p>B. \$ 5,000.00 Per Child</p> <p>C. \$10,000.00 Per Child</p> <p>D. NO COVERAGE</p>	<p>A. <input type="checkbox"/> \$0.24</p> <p>B. <input type="checkbox"/> \$0.47</p> <p>C. <input type="checkbox"/> \$0.94</p> <p>D. <input type="checkbox"/> \$0.00</p>																																
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>	<p>A. \$ 5,000.00</p> <p>B. \$10,000.00</p> <p>C. \$25,000.00</p> <p>D. \$40,000.00*</p> <p>E. \$50,000.00*</p> <p>F. NO COVERAGE</p> <p>*EOI required for coverage</p>	<p>A. <input type="checkbox"/> \$0.62</p> <p>B. <input type="checkbox"/> \$1.23</p> <p>C. <input type="checkbox"/> \$3.08</p> <p>D. <input type="checkbox"/> \$4.92</p> <p>E. <input type="checkbox"/> \$6.15</p> <p>F. <input type="checkbox"/> \$0.00</p>																																

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

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

<p>To determine your contribution amount; Step 1: Enter your supplemental insurance election amount in BOX A. Step 2: Divide your election 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.</p>	A	\$
		Divided by 1000
	B	=
		X
	C	
	D	= \$

Age Range	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Premium	.06	.08	.09	.13	.19	.31	.56	.76	1.31	2.63	4.60