

**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). <b>Primary Beneficiary</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Last Name</th> <th style="width: 20%;">First Name</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">%</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> <b>Contingent Beneficiary</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Last Name</th> <th style="width: 20%;">First Name</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">%</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. _____			
Last Name	First Name	Relationship	%																															
1. _____																																		
2. _____																																		
3. _____																																		
Last Name	First Name	Relationship	%																															
1. _____																																		
2. _____																																		
3. _____																																		
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
------------	-----------------	--

**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.

<b>A</b>	\$
Divided by 1000	
<b>B</b>	=
X	
=	
X	
<b>C</b>	
<b>D</b>	= \$

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