



## Life Insurance for members of CASE

### Underwritten by The Standard

Name - Last, First:	Social Security #:
Date of Birth:	Monthly Salary:
Complete mailing address:	Daytime phone number:  E-mail address:

Please return this completed form to:

Nancy Bond Insurance Services  
Attn: CASE Unit  
201 West Lemon Avenue  
Monrovia, CA 91016

Toll Free 800/685-4519  
Fax 626/599-8579  
Email [nancy@nancybondinsurance.com](mailto:nancy@nancybondinsurance.com)

- Please complete page 2 and 3 for life insurance
- Please make sure to include your beneficiary designation information

Date of CASE membership: \_\_\_\_\_

## Underwritten by The Standard

**Supplemental Life and Accidental Death and Dismemberment Insurance – Employee:**

You also have the opportunity to enroll in **CASE** Supplemental Life with a matching AD&D (Accidental Death and Dismemberment) Insurance plan. Your election may be made in increments of **\$10,000, not to exceed \$500,000**. You will need to provide evidence of good health that is satisfactory to The Standard before the excess can become effective. Monthly costs, based on your age, are shown below. Please request this form from NBIS.

Use the rate chart and calculation line below to determine your monthly cost for this coverage. **During Open Enrollment or for New CASE Members, the Guarantee Issue Amount is the lesser of \$200,000 or 3X annual salary.**

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	AD&D
Rate	\$.062	\$.062	\$.066	\$.090	\$.144	\$.229	\$.357	\$.569	\$.665	\$.704	\$.720	\$.030

Example (Example is age 44, \$200,000 elected benefit amount)

$$\frac{\$200,000}{\text{Elected Benefit Amount (employee)}} \div \$1,000 = 200.00 \times \frac{\$.144}{\text{Rate Above}} = \$28.80 \text{ Your Monthly Cost}$$

**Your Calculation:**

$$\frac{\text{Elected Benefit Amount (employee)}}{\div \$1,000} \times \frac{\text{Rate Above}}{\text{Rate Above}} = \text{Your Monthly Cost}$$

**Your Calculation to add Accidental Death & Dismemberment**

$$\frac{\text{Elected Benefit Amount (employee)}}{\div \$1,000} \times \frac{.030}{\text{Rate same all ages}} = \text{Your Monthly Cost}$$

☐ I elect to enroll in the Supplemental Life plan at the monthly cost above. ☐ I also elect to add AD&D cost above.

**Supplemental Life Insurance – Spouse or Domestic Partner:**

If you elect the Supplemental Life plan for yourself, you may also elect Supplemental Life coverage for your Spouse or Domestic Partner. Your election may be made in increments of \$5,000 to a maximum of \$100,000 but may not exceed 50% of the member's elected benefit amount. **\$25,000 is the GUARANTEED ISSUE LIMIT without medical underwriting** for new members and during Open Enrollment. Your spouse or domestic partner will need to provide evidence of good health that is satisfactory to The Standard before the excess can become effective. Supplemental Spouse rates and premiums are based on the **Member's age, not the Spouse's age**. Again, please request the evidence of good health form from NBIS.

Use the rate chart and calculation line below to determine your monthly cost for this coverage.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$.062	\$.062	\$.066	\$.090	\$.144	\$.229	\$.357	\$.569	\$.665	\$.704	\$.720

$$\frac{\text{Elected Benefit Amount (spouse/domestic partner)}}{\div \$1,000} \times \frac{\text{Rate Above}}{\text{Rate Above}} = \$ \text{Your Monthly Cost}$$

☐ I elect to enroll my Spouse or Domestic Partner in the Supplemental Life plan at the monthly cost above.

**SPOUSE or Domestic Partner**

First Name	Last Name	Gender	Date of Marriage or Partnership	Date of Birth

## **Supplemental Life Insurance – Child(ren): (no medical underwriting required, can be added at your request)**

If you elect the Supplemental Life plan for yourself, you may also elect Supplemental Life coverage for your Dependent Child(ren) between the ages birth and 20 years (24 years if a full time registered student) in the amount of \$10,000 at the Monthly cost below.. Use the calculation line to determine your Monthly cost for this coverage.

**65 cent charge total for any number of children per month for \$10,000 benefit, for each child**

# of children

☐ I elect to **enroll** my dependent child(ren) in the Supplemental Life plan for \$10,000 at the Monthly cost above. ☐ I elect to **decline** the Supplemental Life plan for my dependent child(ren).

CHILD:

First Name	Last Name	Gender	Date of Birth

## **Beneficiary Designation:**

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your benefits administrator or your own legal counsel. Following are examples of the most common designations:

### Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

### Contingent:

- Joseph W. Doe, Son (50%).
- Susan E. Doe, Daughter (50%)

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

	Full Name	Address	SSN	Relationship	D.O.B.	%
Primary						
Primary						
Contingent						

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request.

I have been given the opportunity to enroll in CASE group Supplemental Life plan.

**I authorize the State Controller to deduct from my salary and transmit as designated the appropriate payroll deductions from my wages on a post-tax basis.** I am not currently disabled and I am performing all the duties of my occupation on a full-time basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_