



Benefit Change Form 2009

Name: _____
 Date of Change: _____
 Qualifying Event: _____

Health Insurance

	Base Plan	Add	Delete	Buy-Up Plan	Add	Delete
Self	\$37.00			\$65.00		
Spouse	\$337.00			\$364.00		
Child(ren)	\$168.00			\$181.00		
Family	\$495.00			\$535.00		

Dental Insurance

		Add	Delete
Self	\$9.00		
Spouse	\$24.24		
Child(ren)	\$32.76		
Family	\$57.00		

Vision Insurance

		Add	Delete
Self	\$14.06		
Employee + 1	\$22.50		
Employee + Child(ren)	\$22.97		
Family	\$37.03		

Voluntary Life Insurance

Rates listed are per each \$1000 of coverage purchased

	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Non-smoker	\$0.07	\$0.08	\$0.11	\$0.18	\$0.26	\$0.43	\$0.75	\$1.18	\$1.86	\$2.97	\$5.25
Smoker	\$0.13	\$0.14	\$0.19	\$0.31	\$0.57	\$0.92	\$1.67	\$2.04	\$3.28	\$5.20	\$8.75

I wish to participate in the voluntary life insurance plan offered by Columbia College at the rates listed above. Employees may elect units of \$10,000 for any amount from \$20,000 to the lesser of \$500,000 or 5 times basic annual earnings, rounded to the next higher \$10,000. If I elect coverage for myself, I may elect coverage for my spouse and/or child(ren). If spousal coverage is elected it must be in units of \$5,000, up to the lesser of 50% of the employee's amount or \$250,000. If child(ren) coverage is elected it cannot exceed 50% of the employee's amount. Children are covered from birth to 19 years (25 years, if full-time student).

*****Any amount elected will be subject to proof of good health:**

Employee

Add

Delete

Amount Elected _____ / 1000 = _____ x Rate Above _____ = Monthly Cost \$ _____

Spouse

Add

Delete

Amount Elected _____ / 1000 = _____ x Rate Above _____ = Monthly Cost \$ _____

Child(ren)

\$0.18/month for \$1,000
 \$0.91/month for \$5,000
 \$1.82/month for \$10,000

Add	<input type="text"/>	Delete	<input type="text"/>
Add	<input type="text"/>	Delete	<input type="text"/>
Add	<input type="text"/>	Delete	<input type="text"/>

AD&D is available for employee coverage only, and only if the employee elected voluntary life insurance:

\$0.05/month per \$1,000 of benefit

Add	<input type="text"/>	Delete	<input type="text"/>
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Amount Elected _____ / 1000 = _____ x 0.05 = Monthly Cost \$ _____

AFLAC (Supplemental Insurance)

I would like more information about the supplemental insurances offered to me through AFLAC (this can only be added during open enrollment each year):

Short Term Disability – Accident – Cancer

Yes	
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No	
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Premiums will be payroll deducted semimonthly.

I understand that by applying for additional coverages, not during my new hire open enrollment period, that I may not qualify, or may be subject to restrictions or exclusions.

Employee Name (please print)

Signature

Date