

**ILLINOIS COMMUNITY COLLEGE CONSORTIUM  
VOLUNTARY SUPPLEMENTAL TERM LIFE INSURANCE PLAN  
\$10,000 ANNUAL RE-ENROLLMENT APPLICATION**

**McHenry County College  
Policy Nos. 647124 & 647206**

Reliance Standard Life Insurance Company is offering this annual re-enrollment to eligible employees of McHenry County College. During this re-enrollment you may increase your level of coverage by \$10,000, without evidence of insurability, even if the resulting level of coverage exceeds the \$150,000 guarantee issue amount. Please complete this enrollment application and return it to your Whitney Kuhlman no later than November 30, 2009. Please make sure you sign and date the bottom of this form.

**What is the cost of this Supplemental Life plan?**

Coverage is offered to active, full-time employees at group rates through convenient payroll deduction. The cost is based on your age. The rate you pay is per \$10,000 of covered monthly benefit. Follow the steps below to calculate your total monthly Supplemental Life cost.

**Step 1:** Take your current annual salary and multiply it by seven (7). Your total supplemental life benefit cannot exceed seven (7) times your salary.

**Step 2:** Figure out your age using last year's date. For example, your birthday is 1/25/1963. Subtract the year 1963 from the year 2008 to get your age of 45.

**Step 3:** The chart below shows you what your premium will be per \$10,000 of benefit you are currently electing. This premium will be added to any existing supplemental life premium you are currently having payroll deducted.

**Monthly Cost for Age of Employee for \$10,000 Life & AD&D Benefit**

Amount of Coverage per 10,000	Under Age 30	30 thru 39	40 thru 44	45 thru 49	50 thru 54	55 thru 59	60 thru 64	65 thru 69	70 thru Unlimited
	\$0.67	\$0.86	\$1.33	\$2.00	\$3.14	\$5.13	\$8.17	\$12.83	\$26.00

**Open enrollment period from November 1, 2009 through November 30, 2009**

**Effective date: January 1, 2010**

<b>Employee's Name:</b>		<b>Social Security No.:</b>	
<b>Birth Date:</b>	<b>Requested Benefit Amount: \$10,000</b>	<b>Current Salary:</b>	
	<b>Total Supplemental Coverage to Equal: (may not exceed 7 x salary)</b>	<b>7 x annual salary:</b>	

Yes, I would like to participate in the Reliance Standard's Supplemental Life open enrollment. I understand that by electing this additional Supplemental Life and AD&D benefit I am authorizing additional payroll deductions from my salary. I understand that I must be actively at work on the effective date, not on any type of disability, and/or not receiving or applying for waiver of premium. I am also confirming that I have never been declined or refused life benefits in the past.

No, I do not wish to participate in this insurance. I understand that I will not be entitled to this additional Supplemental Life and AD&D benefit and that I will not be able to enroll at a later date without providing proof of good health satisfactory to Reliance Standard Life Insurance Company. I also understand I can be turned down for coverage on the basis of health. **Coverage not elected will be assumed refused, even if not specifically refused.**

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

I would be interested in more than the \$10,000 Guaranteed Issue amount. I understand that I must go to Human Resources to get an Evidence of Insurability form. I also understand that benefits are not effective until approval is made by Reliance Standard.

**RELIANCE STANDARD**  
Life Insurance Company

a **DELPHI** company