



# HUMAN RESOURCES DEPARTMENT

## City of Burlington

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### 2017 ADDITIONAL LIFE INSURANCE PAYROLL DEDUCTION AGREEMENT

I, \_\_\_\_\_, wish to enroll in the additional life program provided by The Standard Life Insurance Company, through the City of Burlington. This is life insurance in addition to the basic life insurance already provided at no cost to Regular Full-Time and Limited Service employees.

#### Section 1: Coverage Amount

I am applying for coverage in the amount of (choose one):

\$20,000       \$40,000       \$60,000       \$80,000       \$100,000

#### Section 2: Rate

I understand that my current rate will be (choose current age):

Age of Member	Monthly rate per \$1000 of coverage	Age of Member	Monthly rate per \$1000 of coverage
<input type="checkbox"/> 29 or under	\$.060	<input type="checkbox"/> 50 through 54	\$.410
<input type="checkbox"/> 30 through 34	\$.070	<input type="checkbox"/> 55 through 59	\$.680
<input type="checkbox"/> 35 through 39	\$.080	<input type="checkbox"/> 60 through 64	\$.970
<input type="checkbox"/> 40 through 44	\$.150	<input type="checkbox"/> 65 through 69	\$1.74
<input type="checkbox"/> 45 through 49	\$.310	<input type="checkbox"/> 70 through 74	\$3.12
		<input type="checkbox"/> 75 and over	\$12.380

#### Section 3: Monthly Cost

I understand that this will equal a monthly cost of:

$$\frac{\text{Coverage from section 1}}{\div 1000} = \text{_____} \times \frac{\text{Rate from section 2}}{\text{_____}} = \text{Monthly Amount}$$

To determine the per pay period cost, multiply the monthly rate by 12, then divide this amount by 52 pay periods, if you are paid weekly OR 26 pay periods, if you are paid bi-weekly.

I hereby request and authorize the City of Burlington to deduct from my earnings each pay period the monthly amount above applied to my regular paycheck each pay period. I understand that premium rates are based on both amount of coverage and my current age and that the City will automatically adjust my premium rate on my birthday, when that birthday advances me to the next premium level.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**This form is due to Human Resources by the Open Enrollment deadline of December 12, 2016.**