



Supplemental Life & Voluntary Dependent Life Coverage 2017

CIS offers life and disability coverage through The Hartford. Employers pay for basic coverage, and choose whether to make available optional employee paid Supplemental Employee/Spouse/Domestic Partner (DP) Life and/or Voluntary \$10,000 Dependent Life coverage. ***If either of these options are offered by your employer, you will see these plans online and will be given the opportunity to enroll.***

Supplemental Employee/Spouse/DP Life

Employees can elect amounts from \$10,000 to \$300,000 in \$10,000 increments. Employees can elect up to \$100,000 on a guarantee issue basis (no medical review required) and spouses can elect up to \$20,000. Amounts elected above the guarantee issue amounts require medical review – completion of a Personal Health Application (PHA) – by The Hartford.

If electing supplemental life coverage for your spouse or domestic partner, the amount must be equal to or less than the supplemental life amount elected for yourself.

If electing coverage that needs approval, a link to the PHA will be provided on the last page. If enrolling in coverage for yourself only, you can click on the link and complete the PHA immediately. If enrolling in coverage for you and your spouse, the PHA will include questions for both of you and must be completed at the same time.

If you cannot complete the PHA on behalf of your spouse, then you will need to complete it later (but no later than 45 days from

BENEFICIARIES

ARE YOUR BENEFICIARY
DESIGNATIONS CORRECT?

You are automatically the beneficiary for the Supplemental Spouse/DP Life and the Voluntary \$10,000 Dependent Life. Beneficiaries for the Basic Life and Supplemental Employee Life coverage need to be designated online. You will be offered the opportunity to assign a beneficiary during the enrollment process.

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1212 Court St. NE, Salem, OR 97301

the date the election was made).

Guarantee Issue coverage is effective the first following your employer's waiting period. Coverage requiring completion of a PHA is effective the first of the month following 30 days after the approval date.

Supplemental Employee/Spouse/DP Life Rates

Rates will adjust on January 1 for anyone who changed age categories during the 2017 calendar year.

Age	Employee Cost/\$1K	Spouse Cost/\$1K
0-29	\$0.034	\$0.039
30-34	\$0.043	\$0.049
35-39	\$0.059	\$0.068
40-44	\$0.084	\$0.097
45-49	\$0.118	\$0.136
50-54	\$0.185	\$0.213
55-59	\$0.345	\$0.398
60-64	\$0.529	\$0.610
65-69	\$0.998	\$1.150
70-74	\$1.570	\$1.810
75 & Older	\$4.838	\$5.580

If you elect \$100,000 of coverage and are 45 years old, your premium would be: $\$0.118 \times 100 = \11.80 . This amount would be the monthly payroll deduction.

Voluntary \$10,000 Dependent Life

You can elect the \$10,000 Dependent Life during the enrollment process. Coverage is \$2.96 per month and will cover a spouse, DP, and/or children under the age of 26. Coverage is available on a guarantee issue basis as a new hire during and annually during the open enrollment period.

If you prefer to complete the PHA by hardcopy, click on the PHA link and it will take you to the online version. You have to complete the first two pages of the form and then on the third page (Health Questions) you will see a link to print out the form (Print Personal Health Application).

It will be pre-populated with the information provided on the first two pages. Then, answer the questions and mail the completed form to The Hartford.