

Retiree Life Insurance Enrollment Form

INSTRUCTIONS: Part A to be completed by the Employer/Plan Sponsor. Part B to be completed by the Employee.

PART A

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|---|--|-------------------------------------|--|
| Name of Employer/Plan Sponsor North American Division of Seventh-day Adventists | | Group/Plan Number 67807-4 | Location |
| Account Number 135 | Date of Retirement (mm/dd/yyyy) | | Employment Status: <input checked="" type="checkbox"/> Retired |
| Effective Date of Coverage or Change | | | |
| Employer Address: (street address, city, state, zip code) | | | Telephone Number: |
| Amount of Supplemental Coverage as of Retirement (if no coverage, please indicate no coverage) | | | |
| Employee Coverage: \$ _____ | | Spouse Coverage: \$ _____ | Child Coverage: \$ _____ |
| Employer Signature and Title | | | Date Notice Completed |

PART B

Retiree Information

| | | | | |
|--|--|-----------------------------------|--------------------------|--|
| Retiree Name (last, first, middle initial) | | Date of Birth (mm/dd/yyyy) | Social Security # | Retiree I.D. # |
| Retiree Address (street address, city, state, zip code) | | Work Phone Number | Home Phone Number | <input type="checkbox"/> Female <input type="checkbox"/> Male |

Retiree Life Insurance

| | |
|------------------------------|--|
| Retiree Life | <p>If you retire on or after January 1, 2013 and you are receiving benefits from the Seventh-day Adventist Retirement Plan of the North American Division and/or the Adventist Retirement Plan, you have the opportunity to enroll in the Retiree Life Insurance plan.</p> <p>Total Retiree Life coverage is available from \$10,000 to \$250,000* in \$10,000 increments. Coverage cannot exceed 100% of the amount of Supplemental Life coverage you held prior to retiring. Once you elect a benefit, you may not increase that amount at any time.</p> <p>*Benefit amount reduces to 65% of original coverage at age 70 and to 30% of original coverage at age 75.</p> |
| Retiree Life Election | <input type="checkbox"/> Elect: \$ _____ ÷ \$10,000 = _____ x _____ = \$ _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Amount Elected) (Rate Below) (Your Quarterly Cost) </div> <input type="checkbox"/> Decline (If you decline coverage, you will not be eligible to enroll at a later date.) |

Quarterly Cost per \$10,000 for Retiree Life Insurance:

| Age | Under 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85-89 | 90+ |
|-------------|----------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|
| Rate | \$1.50 | \$1.83 | \$2.01 | \$2.76 | \$4.17 | \$6.78 | \$11.73 | \$13.50 | \$23.73 | \$42.90 | \$61.80 | \$61.80 | \$61.80 | \$61.80 |

Rates shown are guaranteed until 01/01/2023. Policy Form LP00GP.

Beneficiary Information *Designate your beneficiary(ies) below.*

| | | | |
|---|--|--------------------------|------------------------|
| Name of Beneficiary <i>(last name, first, middle initial)</i> | <input checked="" type="checkbox"/> Primary | Relationship to Employee | Benefit % |
| Address | | Date of Birth | Social Security Number |
| | | | Phone Number |

| | | | |
|---|--|--------------------------|------------------------|
| Name of Beneficiary <i>(last name, first, middle initial)</i> | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship to Employee | Benefit % |
| Address | | Date of Birth | Social Security Number |
| | | | Phone Number |

| | | | |
|---|--|--------------------------|------------------------|
| Name of Beneficiary <i>(last name, first, middle initial)</i> | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship to Employee | Benefit % |
| Address | | Date of Birth | Social Security Number |
| | | | Phone Number |

Dependent Spouse Life Insurance

| | | |
|--------------------------------------|--|----------------------------|
| Spouse Life | <p>If your spouse was previously covered for Supplemental Life coverage while you were an active employee and you elect the Retiree Life coverage for yourself, you can elect Spouse Life coverage.</p> <p>Total Spouse Life coverage is available from \$10,000 to \$250,000* in \$10,000 increments. Coverage cannot exceed 100% of the Retiree Life coverage amount or the amount of Spouse Life coverage you held immediately prior to retirement.</p> <p>*Benefit amount reduces to 65% of original coverage at spouse age 70 and to 30% of original coverage at spouse age 75.</p> | |
| Spouse Name and Date of Birth | Spouse Name _____ | Spouse Date of Birth _____ |
| Spouse Life Election | <input type="checkbox"/> Elect: \$ _____ ÷ \$10,000 = _____ x _____ = \$ _____ (Amount Elected) (Rate Below) (Your Quarterly Cost) | |
| | <input type="checkbox"/> Decline (If you decline coverage, you will not be eligible to enroll your spouse at a later date.) | |

Note: The employee is the beneficiary for any Dependent Spouse insurance coverage.

Quarterly Cost per \$10,000 for Spouse Life Insurance (based on the spouse's age)

| Age | Under 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85-89 | 90+ |
|-------------|----------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|
| Rate | \$1.50 | \$1.83 | \$2.01 | \$2.76 | \$4.17 | \$6.78 | \$11.73 | \$13.50 | \$23.73 | \$42.90 | \$61.80 | \$61.80 | \$61.80 | \$61.80 |

Rates shown are guaranteed until 01/01/2023. Policy Form LP00GP.

Dependent Child(ren) Life Insurance

| | |
|---------------------------------|---|
| Child(ren) Life | <p>If your children were previously covered for Supplemental Life coverage while you were an active employee and you elect the Retiree Life coverage for yourself, you can elect Child(ren) Life coverage.</p> <p>Total Child(ren) Life coverage (children from birth to less than 26 years) is available from \$1,000 to \$25,000 in \$1,000 increments. Coverage cannot exceed 100% of the Retiree Life coverage amount or the amount of Child(ren) Life coverage you held immediately prior to retirement.</p> |
| Child(ren) Life Election | <p><input type="checkbox"/> Elect: \$ _____ \$ _____ (Amount Elected) (Your Quarterly Cost)</p> <p><input type="checkbox"/> Decline (If you decline coverage, you will not be eligible to enroll your children at a later date.)</p> |

Note: The employee is the beneficiary for any Dependent Child(ren) insurance coverage.

Quarterly Cost for Child(ren) Life Insurance:

| Child Life Amount | Rate | Child Life Amount | Rate | Child Life Amount | Rate | Child Life Amount | Rate | Child Life Amount | Rate |
|-------------------|--------|-------------------|--------|-------------------|--------|-------------------|---------|-------------------|---------|
| \$1,000 | \$0.57 | \$6,000 | \$3.42 | \$11,000 | \$6.27 | \$16,000 | \$9.12 | \$21,000 | \$11.97 |
| \$2,000 | \$1.14 | \$7,000 | \$3.99 | \$12,000 | \$6.84 | \$17,000 | \$9.60 | \$22,000 | \$12.54 |
| \$3,000 | \$1.71 | \$8,000 | \$4.56 | \$13,000 | \$7.41 | \$18,000 | \$10.26 | \$23,000 | \$13.11 |
| \$4,000 | \$2.28 | \$9,000 | \$5.13 | \$14,000 | \$7.98 | \$19,000 | \$10.83 | \$24,000 | \$13.68 |
| \$5,000 | \$2.85 | \$10,000 | \$5.70 | \$15,000 | \$8.55 | \$20,000 | \$11.40 | \$25,000 | \$14.25 |

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READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life.

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

| | |
|----------------------|--------------------------|
| Employee's Signature | Date Signed (mm/dd/yyyy) |
|----------------------|--------------------------|

Please keep a copy of the completed form for your records, and mail the original to:

ATTN: ENROLLMENT SELMAN & Company
 One Integrity Parkway
 Cleveland, OH 44143-1500

Once the enrollment form is received and processed, you will receive a bill for submission of payment. Please do not include any payment at this time.