Retiree Life Insurance Enrollment Form

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

PARTA																
Name of Er						Group/P	lan Nu	mber	Location							
North American Division of Seventh-day Adventists						67807-4										
Account Number: 8003– Quarterly Retiree							Date of Retirement (mm/dd/yyyy)					Employment Status: Retired				
Effective Date of Coverage																
Employer A	Employer Address: (street address, city, state, zip code)															
Telephone Number: Email:																
Amount of Supplemental Coverage as of Retirement (if no coverage, please indicate no coverage)																
Employee C	Coverage: \$				Spo	use Cover	age: \$_					Child Cov	erage: \$_			
		1 7141										_				
Employer S	signature a	ind litle	,									Da	te Notice	Completed	d	
Dating a los																
Retiree Inf Retiree Nam			initial)				Ir	Date of Ri	rth <i>(mm/d</i>	danaad	Soc	ial Securi	tv.#			
reliee main	e (last, llist	, milaule	iiiiiaij					Jale of Di	i ti i (///////////	<i></i>	300	iai occuri	ty π			
Retiree Addr	ess (street	address	. citv. stat	e, zip code	e)				Contact P	hone N	lumber	(s)			Female	
Retiree Address (street address, city, state, zip code) Contact Pho									· /] Male				
PART B Retiree Lif	e Insura	nce														
Retiree Life			otiro on o	r ofter lan	uan/1 20)12 and w	ou are r	oooiyina l	onofite fr	om tho	Savan	th day Ad	ventiet De	tirement PI	an of the	
Netiree Life						Adventist F									an or the	
		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.														
		*Benef	it amount	reduces to	o 65% of o	original cov	/erage a	at age 70	and to 30 ^o	% of ori	ginal c	overage a	t age 75.			
Retiree Life	Election	□ El	ect: \$			÷ \$10,000) =		х				= \$			
(Amount Ele				ected)	(Rate Below) (Your Quarterly Cost)							Cost)				
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:																
Quarterly Co		,000 for	Retiree L	_ife Insura	ance:		I						1			
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	\$11.7	3 \$13.5	50 \$23.7	73 \$4	12.90	\$61.80	\$61.80	\$61.80	\$61.80	
Rates shown	are quaran	teed unt	il 01/01/20	126 Policy	/ Form LP	00GP									*	

Beneficiar	y Inform	nation	Designate j	your benefi	ciary(ies) be	elow. Benef	it % must a	dd up to 100	0% if listing	more than	1 beneficiar	у.		
Name of Ben	eficiary (last name	e, first, mic	ldle initial)				✓ Prima	ıry	Relations	ship to Ret	tiree	Benef	fit %
Address								Date of E	Birth	Social Se	curity Nur	nber	Phone N	lumber
Name of Ben	eficiary (ast name	e, first, mic	ddle initial)		P	rimary	☐ Conti	ngent	Relations	ship to Ret	tiree	Benet	fit %
Address								Date of E	Birth	Social Se	curity Nur	nber	Phone N	lumber
Name of Ben	eficiary (ast name	e first mic	ldle initial)		Пр	rimary	☐ Conti	ngent	Relationship to Retiree Benefit			fit %	
ramo di Bon	onolary (aot name	, mot, me	idio iriidalij			iiiiai y		igorit	TOGGGG	omp to rea	aroo	Dono	70
Address								Date of E	Birth	Social Se	curity Nur	nber	Phone N	lumber
											-			
							I		I			I		
Dependent														
Spouse Life If your spouse was previously covered for Supplement Retiree Life coverage for yourself, you can elect Spou								you were	an active o	employee	and you ele	ect the		
	Total S	Total Spouse Life coverage is available from \$10,000 to \$250,000* in \$10,000 increments. Coverage cannot exceed 100% of												
	the Re	the Retiree Life coverage amount or the amount of Spouse Life coverage you held immediately prior to retirement.												
*Benefit amount reduces to 65% of original coverage a					erage at s	pouse age	e 70 and t	o 30% of o	riginal cov	erage at s	pouse age	75.		
Spouse Nar	ne and													
Date of Birth Spouse Name									Spouse Date of Birth					
Date of Birth Spouse Name Spouse Life Election (Amount Elected) Spouse Name ÷ \$10,000 =						=		x	(Pate Below) (Your Quarterly Cost)				Cost)	
												Quartony	0031)	
Decline (If you decline coverage, you will not be eligible to enroll your spouse at a later date.)														
Note: The Re	tiree is the	benefici	ary for any	/ Depende	ent Spouse	e insurance	e coverage	Э.						
Quarterly Cost per \$10,000 for Spouse Life Insurance (based on the spouse's age)								T						
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
Nate	ψ1.50	ψ1.00	Ψ2.01	Ψ2.10	ψτ.11	ψ0.70	ψ11./3	ψ10.00	Ψ20.13	ψτ∠.3∪	ψυ 1.00	ψ01.00	ψυ 1.00	ψ01.00

Rates shown are guaranteed until 01/01/2026. Policy Form LP00GP.

Dependent Child(ren) Life Insurance

Child(ren) Life	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.							
	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.							
Child(ren) Life Election	Elect: \$							
	Decline (If you decline coverage, you will not be eligible to enroll your children at a later date.)							

Note: The Retiree 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						
\$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

Rates shown are guaranteed until 01/01/2026. Policy Form LP00GP.

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.

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Retiree's Signature	Date Signed (mm/dd/yyyy)

Please keep a copy of the completed form for your records.

Email to: EBGRPNB@voya.com

Or mail to: ATTN: NEW BUSINESS - RELIASTAR LIFE INSURANCE COMPANY

250 Marquette Avenue

Suite 900

Minneapolis, MN 55401

Questions: 1-800-955-7736

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.