

LIFE BENEFIT PLAN

PMB 0141-1

Bureau of Human Resources

500 East Capitol Avenue

Pierre, SD 57501-5070

Phone: 605.773.3148

Fax: 605.773.6840



(BHR USE ONLY) Remarks: _____

Employee #: _____ Date of Hire: ____/____/____

HR Initials: _____ Agency: _____

For your protection, scratch outs and white outs are not accepted.

1) Name of Employee: _____
Last First Middle

2) Address: _____
Street City State Zip Code

3) SSN or Insurance ID#: _____ - _____ - _____ 4) Date of Birth: _____ / _____ / _____
Month Day Year

5) Phone Number: (____) _____ - _____

6) Basic Employer Paid Life Benefit Plan (Employer Paid)

A Basic coverage of \$25,000 is provided to you by the State of South Dakota.

7) Optional Supplemental Life Coverage (Employee Paid)

You must check ONE of the following.

- One Times Annual Salary
- Two Times Annual Salary
- Three Times Annual Salary
- I ELECT NOT TO PARTICIPATE IN SUPPLEMENTAL LIFE COVERAGE
- Four Times Annual Salary
- Five Times Annual Salary

8) Accidental Death & Dismemberment (AD&D) Coverage (Employee Paid)

You must check ONE of the following.

- Yes, I want AD&D
- No, I do not want AD&D
- Does Not Apply

9) Optional Dependent Life and AD&D Coverage (Employee Paid)

You must check ONE of the following.

- \$10,000
- I ELECT NOT TO PARTICIPATE IN DEPENDENT LIFE COVERAGE

10) Designation of Beneficiary(ies)

Designation of Primary Beneficiary(ies)

Name	Address	Relationship	Share or percentage

Designation of Contingent Beneficiary(ies)

Name	Address	Relationship	Share or percentage

Signature of Employee

Date

BENEFIT INFORMATION

- **BASIC EMPLOYER PAID LIFE BENEFIT PLAN:** Benefit-eligible employees are provided \$25,000 in Basic Life Insurance coverage and \$25,000 in Accidental Death & Dismemberment (AD&D) coverage through Voya Financial.
- **SUPPLEMENTAL LIFE COVERAGE:** You may purchase additional term life coverage in increments of one to five times your base annual salary. The maximum supplemental coverage allowed is \$400,000. When you enroll later than 30 days from the date you begin work, you will be required to provide [evidence of insurability](#).
- **ACCIDENTAL DEATH & DISABILITY:** If you participate in Supplemental Life, you may purchase AD&D coverage. AD&D must equal the Supplemental Life Coverage. If you have AD&D coverage and dependent life coverage, AD&D will apply to dependent life coverage too.
- **DEPENDENT LIFE COVERAGE:** If you have Employee Supplemental Life, you may purchase \$10,000 of Dependent Life Coverage and \$10,000 of Dependent AD&D. The coverage and contribution rate applies to all eligible dependents. If elected, AD&D will apply to dependent life coverage as well, if applicable.
- **Designation of Beneficiary (ies):** If you do not designate a beneficiary (ies) for your Basic or Supplemental Life Coverage, the proceeds will be paid in the following order of proceeds: Spouse, Child (ren), Parents, Estate. If you have already designated a beneficiary for your basic and supplemental life coverage you are not required to update your beneficiary again. Your primary beneficiary (ies) will receive the life and AD&D (if applicable) benefit plan proceeds. If designated, Contingent Beneficiary (is) will receive the benefit proceeds, if the primary beneficiary (is) is deceased. Employees are the beneficiary for their eligible Dependent coverage. If you have special instructions regarding beneficiary (is), or would like to designate more than the space provides, attach an additional page and indicate "Attachment" on this form.

Coverage effective dates are determined by the pay period in which the employer and employee deductions are withheld.

FOR YOUR PROTECTION, SCRATCH OUTS AND WHITE OUTS ARE NOT ACCEPTED.

YOU SHOULD RETAIN A COPY OF THIS FORM AND KEEP IT WITH YOUR IMPORTANT RECORDS. REFER TO YOUR SUMMARY PLAN DESCRIPTION DOCUMENT FOR ADDITIONAL INFORMATION.

Please return this form to the Bureau of Human Resources at:

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