**Shape, circle

Description automatically generatedGROUP SUPPLEMENTAL LIFE INSURANCE APPLICATION**

**Intergovernmental Personnel Benefit Cooperative** **(IPBC) - #8510600**

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| **Life Insurance** |
| **Member Group Name:**  **Effective Date of Coverage:**  **Enrollment Effective Date:** |

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| **Confirm the lines of coverage that will be offered:** |
| **Dependent Life Package** (Employee Paid)  **Coverage Type**  $10,000 spouse / $5,000 Child  Not electing at this time |
| **Supplemental Life and AD&D** (Employee Paid)  **Coverage Type** (select one):  Employee Term Life, Spouse Term Life, Child Term Life\*  Employee Term Life with AD&D, Spouse Term Life with AD&D, Child Term Life with AD&D\*  ***\*Supplemental life provisions and plan design will match the standard IPBC offering.***  **If offering Supplemental Life/AD&D, is this the first time offering this to employees?** (select one):  Yes - we don’t currently offer this benefit to employees  No - we will be transferring all current coverages from our prior carrier to Securian  **Please note here if there will be any classes that will NOT be eligible for the Supplemental Life:** |