**GROUP 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:**        |