



The Lincoln National Life Insurance Company
 PO Box 2616, Omaha, NE 68103-2616
 Phone: (800) 423-2765 Fax: (877) 573-6177

VOLUNTARY LIFE ENROLLMENT FORM FOR GROUP INSURANCE

Group Name: City of Chico		Group ID: CITYOFCHIC		Group Policy #: 10178696, 403002573, 40001000-17153		Billing Division/Location: HR	
EMPLOYEE INFORMATION							
Last Name		First Name		MI	Social Security Number		Date of Birth
Address					Home Telephone Number ()		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City		State	Zip	Email Address			Marital Status
SPOUSE INFORMATION (Includes Domestic Partner)							
Last Name		First Name		MI	Social Security Number		Date of Birth
Date of Marriage/Domestic Partnership		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
EMPLOYEE WORK INFORMATION							
Date of Hire		Rehire Date		Avg. Hours Worked per Week		Annual Salary	
Work Telephone Number ()		Occupation/Job Title					
PRODUCT SELECTION (All coverage amounts are subject to the limitations and exclusions as stated in the policy)							
Type of Coverage		Benefit Election*		Amount of Coverage			
Voluntary Life – Employee ¹ New Hire/Qualifying Event GI: \$150,000 Open Enrollment GI: \$20,000		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		Coverage must be elected in \$10,000 increments. Employee coverage selection may not exceed 5 times employee annual base salary.	
Voluntary AD&D – Employee		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		Employee coverage selection may not exceed 5 times employee annual base salary.	
Voluntary Life – Spouse ^{1,2} New Hire/Qualifying Event GI: \$25,000 Open Enrollment GI: \$10,000		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		Coverage must be elected in \$5,000 increments. Spouse coverage selection may not exceed 100% of employee's coverage selection.	
Voluntary AD&D – Spouse ²		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		Spouse coverage selection may not exceed 100% of employee's coverage selection.	
Voluntary Life – Dependent Child(ren) ² Maximum child coverage is \$10,000.00		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		Coverage must be elected in \$2,000 increments.	
Voluntary AD&D – Dependent Child(ren) ² Maximum child coverage is \$10,000.00		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		Spouse coverage selection may not exceed 100% of employee's coverage selection.	
¹ Evidence of Insurability will be required for all amounts over the Guarantee Issue (GI). ² Employee must elect coverage in order to elect spouse/domestic partner and/or dependent child coverage							
BENEFICIARY INFORMATION (Must be completed for all Life/AD&D Enrollments)							
Primary Beneficiary Name and address					Relationship to Beneficiary		Social Security Number
Contingent Beneficiary Name and Address					Relationship to Beneficiary		Social Security Number
Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate additional Primary or Contingent Beneficiaries, please attach a separate sheet of paper.							
SIGNATURE							
FRAUD WARNING: A person may be committing insurance fraud if he or she submits an application containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) an insurance company. The falsity of any statement in this application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insured. Note: CA law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. The insurance requests on this enrollment form will not be effective until approved by the Group Insurance Service Office of The Lincoln National Life Insurance Company, or its insurance partners, and the initial premium is paid to The Lincoln National Life Insurance Company. A delay effective date will apply if the employee is not Actively at Work, or the dependent is in a period of limited activity on the date insurance would otherwise take effect. ACKNOWLEDGEMENT: I understand that selecting "Yes" authorizes my employer to payroll deduct premium(s). I also understand that by selecting "No", I may be required to complete the Evidence of Insurability and/or a physical exam, which will be at my own expense, to elect coverage at a later date.							
Employee Signature						Date	

CITY OF CHICO - CHILD(REN) VOLUNTARY LIFE / AD&D DEPENDENTS

Name: _____

If you are electing Child Voluntary Life / AD&D coverage, please list all your legally dependent children, up to age 26, regardless of whether they are covered on other City health insurance plans.

CHILD(REN) UNDER AGE 26

Child Full Name	DOB	Age	Child Relationship
			<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (specify) _____
			<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (specify) _____
			<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (specify) _____
			<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (specify) _____
			<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (specify) _____
			<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (specify) _____

Employee Signature: _____

Date: _____

Lincoln Financial Life Insurance Benefits

City Paid Life Insurance

All active, full-time, permanent employees working 20 hours per week are eligible for City paid Life Insurance. The coverage amount is 1x employee's annual earnings not to exceed \$200,000. Dependent coverage is as follows:

- Spouse: \$1,500
- Children from birth to 6 months: \$150
- Children from 6 months to 19 or 26 if full-time student: \$1,500

Supplemental/Voluntary Life Insurance

All active, full-time, permanent employees working at least 20 hours per week and their eligible spouse and children are eligible for Supplemental/Voluntary Life Insurance*. Lincoln Financial Supplemental/Voluntary Life Insurance is portable at separation from City service, at the same group rates. Coverages are available as follows:

- **Employee:** \$10,000 increments, up to 5x the employee's annual earnings, not to exceed \$500,000.
- **Employee Accidental Death & Dismemberment (AD&D):** \$10,000 increments, up to 5x the employee's annual earnings, not to exceed \$500,000. Coverage may be purchased regardless of whether or not voluntary life insurance has been purchased.
- **Spouse:** \$5,000 increments, up to 100% of employee coverage for voluntary life insurance or AD&D.
- **Children from birth to 6 months:** \$1,000.
- **Children from 6 months to 19 or 26 if full-time student:** \$2,000 increments, not to exceed \$10,000.

New Hire/Qualifying Event Guarantee Issue Amounts

- **Employee:** \$150,000 ²
- **Employee AD&D:** up to 5x the employee's annual earnings, not to exceed \$500,000.
- **Spouse:** \$25,000 ^{1,2}
- **Children from birth to 6 months:** \$1,000 ¹
- **Children from 6 months to 19 or 26 if full-time student:** \$10,000 ¹

Open Enrollment Guarantee Issue Amounts

- **Employee:** \$20,000 ²
- **Employee AD&D:** up to 5x the employee's annual earnings, not to exceed \$500,000.
- **Spouse:** 10,000 ^{1,2}
- **Children from birth to 6 months:** \$1,000 ¹
- **Children from 6 months to 19 or 26 if full-time student:** \$10,000 ¹

Age	Life Insurance		AD&D
	Employee/Spouse Per \$1,000 in coverage	Child(ren) Per \$2,000 in coverage	Employee/Spouse/Child(ren) Per \$2,000 in coverage
Under 25	\$0.05	\$0.678 Up to Age 26	\$0.026
25-29	\$0.06		
30-34	\$0.08		
35-39	\$0.09		
40-44	\$0.11		
45-49	\$0.17		
50-54	\$0.27		
55-59	\$0.51		
60-64	\$0.75		
65-69	\$1.50		
70-74	\$2.06		
75-79	\$3.29		
80-99	\$4.50		

¹ In order to purchase Life for dependents, employees must also purchase coverage for themselves.

² All amounts requested over the Guarantee Issue amount will be subject to medical underwriting.

Note: This plan highlight is a summary provided to help you understand your insurance coverage from Lincoln. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the term of this plan highlight summary, or your certificate differ from your policy, the policy will govern.