

# INSURANCE ENROLLMENT FORM

## Critical Illness and Accidental Injury



Return completed form to: Cigna Group Insurance  
 P.O. Box 20310  
 Lehigh Valley, PA 18003-9924 Phone: 1-800-732-1603

**Employer:** Fond du Lac Reservation Business Committee

### EMPLOYEE INFORMATION – Complete all information below

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Employee ID # \_\_\_\_\_ Gender:  M  F

Have you smoked or used any form of tobacco in the last 12 months? Employee:  Yes  No  
 Spouse/Domestic Partner:  Yes  No

### COMPLETE THIS SECTION ONLY IF YOU WANT COVERAGE FOR YOUR SPOUSE OR DOMESTIC PARTNER\*

I am currently married and my date of marriage is: \_\_\_\_\_ --or--  I currently have an eligible Domestic Partner

*My Spouse/Domestic Partner's Information:*

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender:  M  F

*\*To be eligible for Domestic Partner coverage, you must have a state registered Domestic Partnership or Affidavit on file with your employer, and accepted by the Insurance company. If not, an Affidavit should be requested from your employer.*

### COVERAGE ELECTIONS

#### Employee-Paid (Voluntary) Critical Illness Insurance – Policy # CI 960878

*Note\* Rates are deducted on a semi-monthly (twice per month) basis. Reference the Critical Illness Rate Sheet for cost.*

Who You Want to Cover	Dependents	Coverage Amount	Acceptance
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family	How many children are you covering? _____	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	<input type="checkbox"/> Accept Coverage <i>I understand that I am required to complete an Evidence of Insurability form if I elect coverage above the Guaranteed Coverage amount of \$20,000*.</i>  <input type="checkbox"/> Decline Coverage

#### Employee-Paid (Voluntary) Accidental Injury Insurance – Policy # AI 960913

*Note\* Rates are deducted on a semi-monthly (twice per month) basis. For plan details reference the Benefit Summary.*

Who You Want to Cover	Rates	Dependents	Plan	Acceptance
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Employee + Family	\$2.16 \$3.32 \$4.20 \$5.36	How many children are you covering? _____	<input type="checkbox"/> Benefit Amount	<input type="checkbox"/> Accept Coverage  <input type="checkbox"/> Decline Coverage

# INSURANCE ENROLLMENT FORM

## Critical Illness and Accidental Injury



*\*This is the Guaranteed Coverage amount. You may choose this amount, or less, without answering medical questions during this open enrollment.*

*All coverage elected during this enrollment period will take effect on the latter of 01/01/2022 or the date the insurance company approves your application.*

<b>SIGN HERE TO ACCEPT DEDUCTIONS FROM YOUR PAYCHECK</b>
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I accept the insurance options chosen above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my paycheck. If I did not choose coverage now, and I decide I want coverage at a later date, I may be required to provide evidence of insurability at my own expense. I understand that coverage is subject to Cigna's approval and that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will go into effect only if the person is not confined in a hospital or institution, or receiving certain medical treatment. I understand my information is protected by privacy laws and will be released only in accordance with these laws. Additional information about the rules and conditions around the requested insurance is described in the policy and certificate. Insurance coverage is underwritten by Life Insurance Company of North America.

**For California Residents:** By signing below, I certify that I and my dependents for whom I am applying for coverage are currently covered for comprehensive health benefits from an insurance policy, an HMO policy, or an employer health benefit plan. Anyone who is not currently covered for comprehensive health benefits is NOT eligible for Critical Illness and/or Hospital Care coverage.

**Please Sign Here**  Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Critical Illness Rate Sheet

For details reference the Benefit Summary



Employer: Fond du Lac Reservation Business Committee

Employee's Semi-Monthly (twice per month) Cost of Coverage for a \$5,000 Benefit Amount								
Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.12	\$1.24	\$1.95	\$2.14	\$1.70	\$1.82	\$2.53	\$2.72
25 to 29	\$1.19	\$1.40	\$2.07	\$2.39	\$1.77	\$1.98	\$2.65	\$2.97
30 to 34	\$1.41	\$1.80	\$2.41	\$3.02	\$1.99	\$2.38	\$2.99	\$3.60
35 to 39	\$1.79	\$2.63	\$2.98	\$4.27	\$2.37	\$3.21	\$3.56	\$4.85
40 to 44	\$2.16	\$3.39	\$3.56	\$5.47	\$2.74	\$3.97	\$4.13	\$6.05
45 to 49	\$2.84	\$4.90	\$4.65	\$7.87	\$3.42	\$5.47	\$5.23	\$8.44
50 to 54	\$3.79	\$6.70	\$6.20	\$10.77	\$4.37	\$7.28	\$6.77	\$11.34
55 to 59	\$5.04	\$8.92	\$8.23	\$14.37	\$5.62	\$9.50	\$8.81	\$14.94
60 to 64	\$6.19	\$10.71	\$10.18	\$17.38	\$6.77	\$11.29	\$10.76	\$17.96
65 to 69	\$7.66	\$12.53	\$12.36	\$20.04	\$8.23	\$13.11	\$12.94	\$20.62
70 to 74	\$10.52	\$16.52	\$16.87	\$26.35	\$11.10	\$17.10	\$17.45	\$26.93
75 to 79	\$14.09	\$20.09	\$22.32	\$31.87	\$14.66	\$20.66	\$22.89	\$32.45
80 to 84	\$18.34	\$24.95	\$27.68	\$38.94	\$18.92	\$25.53	\$28.26	\$39.52
85 to 89	\$26.19	\$31.02	\$39.00	\$46.90	\$26.76	\$31.60	\$39.57	\$47.48
90 to 94	\$26.19	\$31.02	\$39.00	\$46.90	\$26.76	\$31.60	\$39.57	\$47.48
95+	\$26.19	\$31.02	\$39.00	\$46.90	\$26.76	\$31.60	\$39.57	\$47.48

Benefit Amount of \$10,000								
Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.61	\$1.86	\$2.68	\$3.06	\$2.30	\$2.55	\$3.36	\$3.74
25 to 29	\$1.76	\$2.17	\$2.92	\$3.57	\$2.45	\$2.86	\$3.60	\$4.25
30 to 34	\$2.20	\$2.98	\$3.61	\$4.82	\$2.89	\$3.67	\$4.29	\$5.51
35 to 39	\$2.96	\$4.63	\$4.74	\$7.32	\$3.65	\$5.32	\$5.43	\$8.01
40 to 44	\$3.69	\$6.16	\$5.89	\$9.72	\$4.38	\$6.85	\$6.58	\$10.40
45 to 49	\$5.05	\$9.17	\$8.08	\$14.51	\$5.74	\$9.86	\$8.76	\$15.20
50 to 54	\$6.96	\$12.78	\$11.17	\$20.31	\$7.65	\$13.47	\$11.86	\$21.00
55 to 59	\$9.46	\$17.22	\$15.25	\$27.51	\$10.15	\$17.91	\$15.93	\$28.20
60 to 64	\$11.75	\$20.80	\$19.14	\$33.54	\$12.44	\$21.49	\$19.83	\$34.23
65 to 69	\$14.69	\$24.43	\$23.50	\$38.86	\$15.37	\$25.12	\$24.18	\$39.55
70 to 74	\$20.42	\$32.41	\$32.52	\$51.48	\$21.11	\$33.10	\$33.21	\$52.17
75 to 79	\$27.55	\$39.55	\$43.41	\$62.52	\$28.24	\$40.24	\$44.10	\$63.20
80 to 84	\$36.06	\$49.28	\$54.14	\$76.66	\$36.75	\$49.97	\$54.82	\$77.35
85 to 89	\$51.75	\$61.42	\$76.77	\$92.58	\$52.44	\$62.11	\$77.46	\$93.26
90 to 94	\$51.75	\$61.42	\$76.77	\$92.58	\$52.44	\$62.11	\$77.46	\$93.26
95+	\$51.75	\$61.42	\$76.77	\$92.58	\$52.44	\$62.11	\$77.46	\$93.26

\$20,000 Benefit Amount								
Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$2.60	\$3.09	\$4.14	\$4.89	\$3.51	\$4.00	\$5.04	\$5.80
25 to 29	\$2.89	\$3.72	\$4.61	\$5.91	\$3.80	\$4.63	\$5.52	\$6.82
30 to 34	\$3.78	\$5.34	\$5.99	\$8.42	\$4.69	\$6.24	\$6.90	\$9.33
35 to 39	\$5.30	\$8.64	\$8.26	\$13.41	\$6.21	\$9.55	\$9.17	\$14.33
40 to 44	\$6.76	\$11.70	\$10.56	\$18.21	\$7.67	\$12.61	\$11.47	\$19.12
45 to 49	\$9.48	\$17.71	\$14.94	\$27.80	\$10.39	\$18.62	\$15.84	\$28.71
50 to 54	\$13.29	\$24.93	\$21.12	\$39.40	\$14.20	\$25.84	\$22.03	\$40.31
55 to 59	\$18.29	\$33.82	\$29.27	\$53.80	\$19.20	\$34.73	\$30.18	\$54.71
60 to 64	\$22.88	\$40.98	\$37.06	\$65.86	\$23.79	\$41.89	\$37.97	\$66.78
65 to 69	\$28.75	\$48.24	\$45.77	\$76.50	\$29.65	\$49.15	\$46.68	\$77.41
70 to 74	\$40.21	\$64.20	\$63.82	\$101.73	\$41.12	\$65.11	\$64.73	\$102.65
75 to 79	\$54.47	\$78.47	\$85.60	\$123.81	\$55.38	\$79.38	\$86.51	\$124.72
80 to 84	\$71.49	\$97.93	\$107.05	\$152.10	\$72.40	\$98.84	\$107.96	\$153.01
85 to 89	\$102.87	\$122.22	\$152.32	\$183.93	\$103.78	\$123.13	\$153.23	\$184.84
90 to 94	\$102.87	\$122.22	\$152.32	\$183.93	\$103.78	\$123.13	\$153.23	\$184.84
95+	\$102.87	\$122.22	\$152.32	\$183.93	\$103.78	\$123.13	\$153.23	\$184.84

