

# Life Product Selection Form



## North Carolina Medical Society Employee Benefit Plan

Please complete this form if making a change to your current Life product selection.

Your practice may choose one Group Term Life/AD&D product. All Group Term Life/AD&D products require 100% employee participation, *even if employee waives health insurance.* Group Term Life/AD&D products are offered on a non-contributory basis (100% employer paid) except the Dual Flat Option which allows the employer to share the difference in cost between the two options with the employee. Monthly rates for Group Term Life/AD&D are calculated at \$0.11 per \$1,000 of coverage selected.

If selecting a Dual Flat Option or Salaried Option for the first time, employees must complete an Enrollment Application and Change Form Addendum (Life Insurance) found at [www.ncmsplan.com](http://www.ncmsplan.com) under Applications and Forms.

- Single Flat Option    \$15,000    \$25,000    \$30,000    \$50,000    \$75,000
- Salaried Option    1 x salary    2 x salary    3 x salary
- Dual Flat Option    \$15,000 & \$25,000    \$15,000 & \$30,000    \$25,000 & \$50,000  
 \$30,000 & \$50,000    \$30,000 & \$75,000    \$50,000 & \$75,000

Decline Group Term Life/AD&D

Your practice may choose one Dependent Life product.

Dependent Life products are offered on a contributory-basis (cost may be shared by employee and employer) and participation is voluntary (employees may decline coverage if offered). Monthly rates for Dependent Life are calculated at \$0.15 per \$1,000 of Spouse coverage selected.

- Spouse, \$5,000; Children ages 6 months to 19 years, \$2,500; Children ages 14 days to 6 months, \$250
- Spouse, \$10,000; Children ages 6 months to 19 years, \$5,000; Children ages 14 days to 6 months, \$500
- Decline Dependent Life

If offering Dependent Life for the first time, please include a census of employees accepting coverage with employees' Social Security numbers. Practices renewing Dependent Life coverage do not need to submit a census.

Employer Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_