



P.O. Box 349
 Augusta, ME 04332-0349
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800
 TTY: (207) 512-3102
 Fax: (207) 512-3101

REQUEST FOR BASIC AND/OR ADDITIONAL INSURANCE COVERAGE REQUIRING EVIDENCE OF INSURABILITY

Employee Name:
 (Prefix) (First) (MI) (Last) (Suffix)

Social Security Number: Date of Birth:
 (mm) (dd) (yyyy)

Mailing Address:
 (Street/PO Box) (City) (State) (ZIP)

Date of Hire: Annual Salary:
 (mm) (dd) (yyyy)

Employer Location Code: Employer Location Name:

Please indicate the coverage you are requesting:

BASIC Equals my gross salary rounded up to the next highest \$1,000

SUPPLEMENTAL (check one)
 One (doubles your Basic)
 Two (triples your Basic)
 Three (quadruples your Basic)

DEPENDENT PLAN A

Spouse	\$5,000
* Full-time, unmarried student to age 22	\$5,000
* Children, 6 months to age 19	\$5,000
* Children, 0 to 6 months	\$1,000

DEPENDENT PLAN B

Spouse	\$10,000
* Full-time, unmarried student to age 22	\$ 5,000
* Children, 6 months to age 19	\$ 5,000
* Children, 0 to 6 months	\$ 2,500

NOTE:
A spouse or child insured under the Group Life Insurance Program as an employee or a retiree cannot be insured as a dependent of a participant.

Please return the completed form to Survivor Services at the address printed at the top of this form. To receive the coverages requested above, you must produce an Evidence of Insurability at your own expense and in accordance with the requirements of the insurance underwriter. Increased coverage becomes effective as of the first day of the first month following the completion of one month of employment after the date of approval.

Employee's Signature: _____ Date: _____