

Unum

Mississippi Schools
Active Employee Enrollment Form / Change form for
Basic Life Insurance
Policy #537377-069

| | | |
|--|--------------------|---------------------|
| Employee Name (Last name, first, middle initial) | | Social Security No. |
| Employee Address (street, city, state, zip code) | | Date of Birth |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Employment | Annual Earnings |
| Employer: <i>Noxubee County School District</i> | | Occupation |
| Employee Life Insurance Amount: \$ _____ Eligible Active Employees receive coverage of two times annual salary rounded to next highest \$1,000, subject to a minimum of \$30,000 and a maximum of \$100,000. Note: All employees are automatically covered for Basic Life and AD&D unless a waiver is signed. (waiver on back of this form) | | |
| I am: <input type="checkbox"/> New Enrollee <input type="checkbox"/> Late Enrollee (Evidence of Insurability is required) <input type="checkbox"/> Changing Beneficiary | | |
| <input type="checkbox"/> Changing Name (previous name) | | |

Beneficiary Information

Designate your beneficiary(ies) for your Basic Life Insurance coverage below:

| Name | Relationship to You | Primary <input type="checkbox"/> | Contingent <input type="checkbox"/> | Benefit % |
|------|---------------------|----------------------------------|-------------------------------------|-----------|
| | | Primary <input type="checkbox"/> | Contingent <input type="checkbox"/> | |
| | | Primary <input type="checkbox"/> | Contingent <input type="checkbox"/> | |
| | | Primary <input type="checkbox"/> | Contingent <input type="checkbox"/> | |
| | | Primary <input type="checkbox"/> | Contingent <input type="checkbox"/> | |

If no primary beneficiaries survive you, the proceeds will be paid to the surviving contingent beneficiaries.

I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available at my request. I hereby authorize my employer to deduct from my monthly the appropriate life insurance premium, and I further authorize my employer to forward payment of such premium amount to UNUM or its authorized agent/representative on or about the first working day of each month to cover the cost of the life insurance carried by me. I understand that UNUM and/or its authorized agent/representative is responsible for billing my employer monthly for the appropriate premium amount. I further understand that I am responsible for notifying UNUM and/or its authorized agent/representative concerning cancellation, premium changes, policy questions, and/or general information. Employee and Dependents must be actively at work and not disabled for coverage to be effective.

| | | | |
|--------------------|------|------------|------------|
| Employee Signature | Date | Work Phone | Home Phone |
|--------------------|------|------------|------------|

**STATE OF MISSISSIPPI WAIVER OF BASIC LIFE AND ACCIDENTAL DEATH AND
DISMEMBERMENT PLAN 537377**

If you do not want to elect Life coverage at this time, please mark the box below, and complete the form at the bottom. Be sure to sign and date the form.

I do not wish to enroll in the State Life insurance plan. I realize that if I choose to enroll at a later date, my application will be subject to Medical Evidence of Insurability.

Employee Name _____ Social Security # _____

School District/Comm.College Noxubee County School District

Signature _____

Date _____

Unum Life Insurance Company
Alternate State Life Insurance Plan
Monthly Premium Summary Sheet
 Effective January 1, 2023

| Life Ins. Amount | EE Share | State Share | Total Cost |
|-------------------------|-----------------|--------------------|-------------------|
| \$30,000 | \$3.00 | \$3.00 | \$6.00 |
| \$31,000 | \$3.10 | \$3.10 | \$6.20 |
| \$32,000 | \$3.20 | \$3.20 | \$6.40 |
| \$33,000 | \$3.30 | \$3.30 | \$6.60 |
| \$34,000 | \$3.40 | \$3.40 | \$6.80 |
| \$35,000 | \$3.50 | \$3.50 | \$7.00 |
| \$36,000 | \$3.60 | \$3.60 | \$7.20 |
| \$37,000 | \$3.70 | \$3.70 | \$7.40 |
| \$38,000 | \$3.80 | \$3.80 | \$7.60 |
| \$39,000 | \$3.90 | \$3.90 | \$7.80 |
| \$40,000 | \$4.00 | \$4.00 | \$8.00 |
| \$41,000 | \$4.10 | \$4.10 | \$8.20 |
| \$42,000 | \$4.20 | \$4.20 | \$8.40 |
| \$43,000 | \$4.30 | \$4.30 | \$8.60 |
| \$44,000 | \$4.40 | \$4.40 | \$8.80 |
| \$45,000 | \$4.50 | \$4.50 | \$9.00 |
| \$46,000 | \$4.60 | \$4.60 | \$9.20 |
| \$47,000 | \$4.70 | \$4.70 | \$9.40 |
| \$48,000 | \$4.80 | \$4.80 | \$9.60 |
| \$49,000 | \$4.90 | \$4.90 | \$9.80 |
| \$50,000 | \$5.00 | \$5.00 | \$10.00 |
| \$51,000 | \$5.10 | \$5.10 | \$10.20 |
| \$52,000 | \$5.20 | \$5.20 | \$10.40 |
| \$53,000 | \$5.30 | \$5.30 | \$10.60 |
| \$54,000 | \$5.40 | \$5.40 | \$10.80 |
| \$55,000 | \$5.50 | \$5.50 | \$11.00 |
| \$56,000 | \$5.60 | \$5.60 | \$11.20 |
| \$57,000 | \$5.70 | \$5.70 | \$11.40 |
| \$58,000 | \$5.80 | \$5.80 | \$11.60 |
| \$59,000 | \$5.90 | \$5.90 | \$11.80 |
| \$60,000 | \$6.00 | \$6.00 | \$12.00 |
| \$61,000 | \$6.10 | \$6.10 | \$12.20 |
| \$62,000 | \$6.20 | \$6.20 | \$12.40 |
| \$63,000 | \$6.30 | \$6.30 | \$12.60 |
| \$64,000 | \$6.40 | \$6.40 | \$12.80 |
| \$65,000 | \$6.50 | \$6.50 | \$13.00 |

| Life Ins. Amount | EE Share | State Share | Total Cost |
|-------------------------|-----------------|--------------------|-------------------|
| \$66,000 | \$6.60 | \$6.60 | \$13.20 |
| \$67,000 | \$6.70 | \$6.70 | \$13.40 |
| \$68,000 | \$6.80 | \$6.80 | \$13.60 |
| \$69,000 | \$6.90 | \$6.90 | \$13.80 |
| \$70,000 | \$7.00 | \$7.00 | \$14.00 |
| \$71,000 | \$7.10 | \$7.10 | \$14.20 |
| \$72,000 | \$7.20 | \$7.20 | \$14.40 |
| \$73,000 | \$7.30 | \$7.30 | \$14.60 |
| \$74,000 | \$7.40 | \$7.40 | \$14.80 |
| \$75,000 | \$7.50 | \$7.50 | \$15.00 |
| \$76,000 | \$7.60 | \$7.60 | \$15.20 |
| \$77,000 | \$7.70 | \$7.70 | \$15.40 |
| \$78,000 | \$7.80 | \$7.80 | \$15.60 |
| \$79,000 | \$7.90 | \$7.90 | \$15.80 |
| \$80,000 | \$8.00 | \$8.00 | \$16.00 |
| \$81,000 | \$8.10 | \$8.10 | \$16.20 |
| \$82,000 | \$8.20 | \$8.20 | \$16.40 |
| \$83,000 | \$8.30 | \$8.30 | \$16.60 |
| \$84,000 | \$8.40 | \$8.40 | \$16.80 |
| \$85,000 | \$8.50 | \$8.50 | \$17.00 |
| \$86,000 | \$8.60 | \$8.60 | \$17.20 |
| \$87,000 | \$8.70 | \$8.70 | \$17.40 |
| \$88,000 | \$8.80 | \$8.80 | \$17.60 |
| \$89,000 | \$8.90 | \$8.90 | \$17.80 |
| \$90,000 | \$9.00 | \$9.00 | \$18.00 |
| \$91,000 | \$9.10 | \$9.10 | \$18.20 |
| \$92,000 | \$9.20 | \$9.20 | \$18.40 |
| \$93,000 | \$9.30 | \$9.30 | \$18.60 |
| \$94,000 | \$9.40 | \$9.40 | \$18.80 |
| \$95,000 | \$9.50 | \$9.50 | \$19.00 |
| \$96,000 | \$9.60 | \$9.60 | \$19.20 |
| \$97,000 | \$9.70 | \$9.70 | \$19.40 |
| \$98,000 | \$9.80 | \$9.80 | \$19.60 |
| \$99,000 | \$9.90 | \$9.90 | \$19.80 |
| \$100,000 | \$10.00 | \$10.00 | \$20.00 |