

# Supplemental Life Insurance

## INFORMATION FOR EMPLOYERS

- Eligible active employees enrolling in the supplemental life insurance benefit must already be enrolled in a CBIA Health Connections basic life insurance benefit.
- New hires will be eligible to elect supplemental life insurance coverage at the same time they enroll for your existing group basic life coverage without evidence of insurability.
- If a current employee requests to enroll, The Hartford will require evidence of insurability to determine if coverage can be approved.
- Each employee must complete a supplemental life insurance enrollment form and choose a benefit of \$10,000; \$25,000; \$50,000; \$75,000 or \$100,000. The beneficiary section of the form must be completed and they must sign and date the enrollment form.
- This benefit is “convertible” or “portable.” If an employee’s employment terminates, they have the option to convert or port their supplemental life insurance benefit. Details are available in the life insurance section of the CBIA insurance website.
- Supplemental life insurance has a two year minimum table rate guarantee from the effective date. Rates are based on age brackets. Individual rates may change based on age once per year.
- Supplemental life insurance is an employee-paid benefit, paid through employee payroll deductions and will be added to your CBIA monthly bill. Please review your bill thoroughly as it will reflect all enrollment received and processed by CBIA Service Corp.
- Keep a copy of each enrollment form for your records and to have beneficiary information on file.

**Please sign and date below and mail to CBIA, 350 Church Street, Hartford, CT 06103 or fax to 860-278-0883 along with all employee enrollment forms by the effective date.**

I hereby agree to offer the supplemental life insurance benefit to all of my eligible employees. I have read and agreed to the above conditions. I understand and agree that insurance will go into effect \_\_\_\_\_ (date) and will remain in effect in accordance with the provisions, terms and conditions of the insurance policy or until such time as the policy is canceled by me or by CBIA Service Corp.

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Owner/Officer of the Company (Print Name)

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Company Name

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Owner/Officer of the Company (Signature)

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Company Number

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Date