



# Supplemental Life Insurance

## EMPLOYER APPLICATION/AGREEMENT

- Employees cannot enroll unless this form is completed by you (the employer) and returned to CBIA.
- Eligible employees enrolling in the supplemental life insurance benefit must also be enrolled in CBIA Health Connections basic life insurance benefit through Hartford Life.
- 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.
- No evidence of insurability is required if an employee enrolls when first eligible for coverage. If an active employee requests to enroll after your initial Health Connections open enrollment, Hartford Life will require evidence of insurability before coverage can be approved.
- New hires will be eligible to elect supplemental life insurance coverage at the same time they enroll in the existing group life coverage.
- 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 & Disability section of our website at [cbia.com/insurance](http://cbia.com/insurance).
- The supplemental life insurance rate table is guaranteed for a minimum of two years from your group’s supplemental life effective date. However, an individual employee’s premium may change upon your group’s renewal if their age change results in a change in age bracket.
- Supplemental life insurance is an employee-paid benefit, paid through employee after-tax payroll deductions and will be added to your CBIA monthly bill.
- Keep a copy of each enrollment form for your records and to have beneficiary information on file.

Please complete the information below and return to CBIA Insurance Operations along with all employee enrollment forms by your group’s renewal 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 on my group’s renewal 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.

Owner/Officer of the Company (Print Name)

Group Name

Owner/Officer of the Company (Signature)

Group Number

Date