

AISD Application for Basic Life, Optional Life, Short Term Disability

Underwritten by Aetna US Healthcare (all questions are to be completed in ink)

Basic \$10,000 Life Insurance (free to employee only)
 Short Term Disability (select option below)
 Supplemental Life Spouse (select option below)
 Supplemental Life Insurance (select option below)
 Supplement Life Dependents (select option below)

Employee Name _____ Social Security No. _____ Birth Date _____ Date Hired _____ Occupation _____

Home Address _____ City _____ Zip _____ Home Phone _____ Work Phone _____

Beneficiary:

1. Name _____ Relationship _____ Birth Date _____ Social Security No. _____ At _____ %

2. Name _____ Relationship _____ Birth Date _____ Social Security No. _____ At _____ %

<p>Short Term Disability:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Maximum Annual</th> <th style="text-align: left; border-bottom: 1px solid black;">Maximum Benefit</th> <th style="text-align: left; border-bottom: 1px solid black;">12 Month Rate</th> <th style="text-align: left; border-bottom: 1px solid black;">9 Month Rate</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> \$ 9,429.00</td> <td>\$550.00*</td> <td>\$1.83</td> <td>\$ 2.44</td> </tr> <tr> <td><input type="checkbox"/> \$12,857.00</td> <td>\$750.00*</td> <td>\$2.49</td> <td>\$ 3.32</td> </tr> <tr> <td><input type="checkbox"/> \$17,143.00</td> <td>\$1000.00*</td> <td>\$3.32</td> <td>\$ 4.43</td> </tr> <tr> <td><input type="checkbox"/> \$ 25,714.00</td> <td>\$1500.00*</td> <td>\$4.95</td> <td>\$ 6.60</td> </tr> <tr> <td><input type="checkbox"/> \$ 34,286.00</td> <td>\$2000.00*</td> <td>\$6.43</td> <td>\$ 8.58</td> </tr> </tbody> </table> <p>*This amount may not be more than 70% of your average monthly earnings. Benefits are paid after you have used all your paid leave.</p>	Maximum Annual	Maximum Benefit	12 Month Rate	9 Month Rate	<input type="checkbox"/> \$ 9,429.00	\$550.00*	\$1.83	\$ 2.44	<input type="checkbox"/> \$12,857.00	\$750.00*	\$2.49	\$ 3.32	<input type="checkbox"/> \$17,143.00	\$1000.00*	\$3.32	\$ 4.43	<input type="checkbox"/> \$ 25,714.00	\$1500.00*	\$4.95	\$ 6.60	<input type="checkbox"/> \$ 34,286.00	\$2000.00*	\$6.43	\$ 8.58	<p>Supplemental Life Cost for coverage- .14 per thousand per month</p> <p><input type="checkbox"/> Option 1 (1x annual Salary) (1.40 per \$10,000)</p> <p><input type="checkbox"/> Option 2 (2x annual Salary)</p> <p><input type="checkbox"/> Option 3 (3x annual Salary) Minimum Amt. – \$10,000</p> <p><input type="checkbox"/> Option 4 (4x annual Salary) Maximum Amt. – \$500,000</p> <p><input type="checkbox"/> Option 5 (5x annual Salary)</p> <p>To be completed by AISD</p> <p>Annual Salary _____ Date _____ Verify by _____</p>
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<p><input type="checkbox"/> Supplemental Life Spouse Cost for coverage \$4.10 per \$10,000 increments</p> <p>Name _____</p> <p>Social Security No. _____</p> <p>Date of Birth _____</p> <p>Amount of Coverage Requested _____</p> <p style="text-align: center;">Maximum –\$250,000 Guarantee Issue – \$50,000</p>	<p><input type="checkbox"/> Supplemental Life Child(ren) Cost for coverage -.90 for \$10,000 Policy</p> <p>Name _____ Birth Date _____</p> <p>Social Security No. _____</p> <p>Name _____ Birth Date _____</p> <p>Social Security No. _____</p> <p>Name _____ Birth Date _____</p> <p>Social Security No. _____</p> <p>Name _____ Birth Date _____</p> <p>Social Security No. _____</p>																								

Employee's Signature _____ Date _____