



46 State House Station  
 Augusta, ME 04333-0046  
 Telephone: (207) 512-3100  
 Toll-free: 1-800-451-9800  
 TTY: (207) 512-3102

## 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:**

You may not insure a dependent who is already insured as an active or retired member of the Group Life Insurance Program. If both parents are Group Life Insurance participants, any child(ren) they have may be insured as dependents of one parent only. \*Step-children may not be covered as dependents.

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: \_\_\_\_\_