P.O. Box 349
Augusta, ME 04332-0349
Telephone: (207) 512-3100
Toll-free: 1-800-451-9800
Fax: (207) 512- 3101
Maine Relay: 711

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)

Email Address: ______

Mailing Address: ______ (Street/PO Box) ______ (City) ______ (State) ______ (ZIP)

Date of Hire: ______ (mm) ______ (dd) ______ (yyyy) Annual Salary: ______

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:

A spouse or child insured under the Group Life Insurance Program as an employee or a retiree cannot be insured as a dependent of a participant. If both parents of a child are insured under the Program, only one parent may purchase dependent coverage for that child. Stepchildren 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: __________

Form #GI-0874
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