

County of Sonoma

Employee Supplemental Life Insurance Enrollment/Change Form

Insured by The Hartford

The County of Sonoma Supplemental Life Insurance Program allows eligible employees to purchase additional Life Insurance coverage as specified in their Memorandum of Understanding or Salary Resolution. If you qualify for and are enrolled in Basic Life Insurance you are eligible to apply for Supplemental Life Insurance. **Your Basic Life and Supplemental Life coverage cannot exceed a combined \$500,000.** Please refer to the Employee Benefits webpage at <https://sonomacounty.gov/life-insurance> for Basic and Supplemental Life insurance coverage information. Dependents are not eligible for Supplemental Life coverage.

Who can enroll?

You are eligible for Supplemental Life if you qualify for and are enrolled in Basic Life Insurance. Full or part time regular employees scheduled to work 60 or more hours per pay period (.75 FTE or greater) are automatically enrolled in Basic Life Insurance. Part-time DSA, SCLEA and ESC employees scheduled to work less than 60 hours per pay period may purchase Basic Life Insurance.

When can I enroll?

- Within 31 days of hire date or initial eligibility
- Annual Enrollment
- Within 31 days of a qualifying Mid-year Event (See Employee Benefits Guide for more information regarding Mid-year Events)

When do I need to complete an Evidence of Insurability (EOI) form?

Newly Eligible: Supplemental Life insurance is automatically approved for an amount up to 3x your Basic Life coverage, not to exceed \$250,000, referred to as a Guaranteed Issue amount. For any amount above guaranteed issue, an EOI form will need to be submitted to The Hartford for approval.

Annual Enrollment and Mid-year Events: All new elections and increases require an EOI form be submitted to The Hartford for approval.

Calculating your Base Annual Salary

To determine your Basic and/or Supplemental Life coverage, you may need to know your Base Annual Salary. You can determine your Base Annual Salary using the following formula;

$(\text{hourly rate} \times \text{regularly scheduled hours}) \times 26.089 = \text{Base Annual Salary} = \text{Round up to nearest \$1,000}$

Example - $(\$25.00 \times 80) \times 26.089 = \$52,178 = \$53,000$ Base Annual Salary used for Basic and Supplemental Life

What will it cost me?

Supplemental Life insurance is employee paid with the cost based on your desired coverage amount and your age. If you elect coverage and are approved, the cost will be deducted from your paycheck. The current rates for each \$10,000 in supplemental coverage are:

Age as of January 1st of current year

Age	Under 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Bi-weekly	\$0.28	\$0.31	\$0.39	\$0.59	\$0.86	\$1.37	\$2.28	\$3.38	\$5.53	\$10.12
Annual	\$7.20	\$8.17	\$10.20	\$15.37	\$22.44	\$35.77	\$59.40	\$88.08	\$144.35	\$264.13

Part-Time DSA, SCLEA and ESC Employees

Part-time regular DSA, SCLEA and ESC employees working less than 60 hours per pay period (.74 FTE or less) are eligible to purchase Basic and Supplemental Life Insurance. Basic Life Insurance rates are \$0.028 per \$1,000 in coverage. You must purchase Basic Life Insurance to be eligible to purchase Supplemental Life Insurance.

Ready to enroll?

Complete the Request for Enrollment and send to the HR Benefits Unit. Keep a copy for your records. Submittal of the Request for Enrollment is not a guarantee of enrollment. If needed, you will need to complete and return an EOI to The Hartford for approval. Incomplete EOI forms could result in denial of your Supplemental Life Insurance application. You will be notified by The Hartford of their decision of your application.

Request for Enrollment

County of Sonoma Supplemental Life Insurance

The Hartford Group #715942

Reason for Enrollment/Change:

☐ Annual Enrollment
☐ Bargaining Unit Change

☐ New Hire/Newly Eligible EE
☐ Cancel Coverage

Name: _____

Phone Number: _____

Home Address: _____

SSN: _____

City, State, Zip Code: _____

Date of Birth: _____

Department & Bargaining Unit: _____

Hire Date: _____

Employee Id: _____

FTE: _____

Supplemental Life Insurance:

☐ Enroll ☐ Continue ☐ Change ☐ Decline

Bargaining Unit	Basic Life Class	Basic Life and AD&D Employer Paid	Supp Life Class	Supplemental Life Employee Paid	Supplemental Life Amount Applying For (Select One)
Unrepresented (00)	4	1.5x Base Annual Salary	6B	Increments of \$10,000 (up to a combined total of \$500,000)	Enter your election amount: \$ _____
DSA (46, 47)	3	\$100,000	3	Increments of \$10,000 (up to a combined total of \$500,000)	Enter your election amount: \$ _____
Confidential (51)	4	1.5x Base Annual Salary	4	1-4x Basic Life Amount	☐ 1x ☐ 2x ☐ 3x ☐ 4x
Administrative Management (50) Board of Supervisors (49) Department/Agency Heads (52) DSLEM (43), SCDPDAA (60) SCLEMA (44), SCPA (45)	5	2x Base Annual Salary	5	1-4x Basic Life Amount	☐ 1x ☐ 2x ☐ 3x ☐ 4x
Local 39 (85) SEIU (01, 05, 10, 25, 80, 95) SCLEA (30, 40, 41, 70) SCPDIA (55)	6	1x Base Annual Salary	6B	Increments of \$10,000 (up to a combined total of \$500,000)	Enter your election amount: \$ _____
WCE (21)	6	1x Base Annual Salary	7	1-4x Base Annual Salary	☐ 1x ☐ 2x ☐ 3x ☐ 4x
ESC (75)	8	\$25,000	8	1-5x Base Annual Salary	☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x

Part Time DSA, SCLEA and ESC:

☐ Enroll ☐ Continue ☐ Change ☐ Decline

Must select Basic Life and AD&D to be eligible for Supplemental Life

Bargaining Unit	Basic Life Class	Basic Life and AD&D Employer Paid	Supp Life Class	Supplemental Life Employee Paid	Supplemental Life Amount Applying For (Select One)
Part-Time DSA (46, 47)	3	☐ \$100,000	3	Increments of \$10,000 (up to a combined total of \$500,000)	Enter your election amount: \$ _____
Part-Time SCLEA (30, 40, 41, 70)	6	☐ 1x Base Annual Salary	6B	Increments of \$10,000 (up to a combined total of \$500,000)	Enter your election amount: \$ _____
Part-Time ESC (75)	8	☐ \$25,000	8	1-5x Base Annual Salary	☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x

Upon approval I hereby authorize the County to deduct from my salary the amount necessary to provide the Supplemental and/or Dependent Life insurance I have selected above and to forward that amount to The Hartford..

Signature _____

Date _____