

ISDC RETIREE GROUP LIFE ENROLLMENT FORM (Policy # 475127-B)
STANDARD INSURANCE COMPANY

****INSTRUCTIONS****

Please type or print when completing ALL entries
 Upon completion please send to:

Gallagher Benefit Services, Inc.
 13965 W. Chinden Blvd., Suite 300 Boise, ID 83713
QUESTIONS? Trisha Barba 208-901-3458


Retiree Name _____ SS# _____
 Date of Birth _____ Retirement Date _____
 Address _____ Phone _____
 Active employee amount \$20,000 _____ Dependent amount _____

Please note:	Active amount	Retiree Amount	Monthly Cost
	\$20,000 up to \$29,000	10,000	\$24.00
	\$30,000 up to \$49,000	20,000	48.00
	\$50,000 up to \$69,000	30,000	72.00
	\$70,000 up to \$99,000	40,000	96.00
	\$100,000	50,000	120.00
	Dependent Life	2,000	4.80

Retired Employee amount _____ Dependent amount _____
 Effective date of retiree coverage _____ Total Premium \$ _____

PERSI **Direct Bill** This option available ONLY if Retiree has No sick leave entitlement

School District Name and Address Canyon-Owyhee School Service Agency
 109 Penny Lane
 Wilder, ID 83676

Signature of School District Admin.  _____

BENEFICIARY (include SS#, relationship and address of beneficiary) Use a separate page if necessary:

Please pay the life insurance premium shown above until my sick leave entitlement is exhausted, **unless I have no sick entitlement, which will allow me to be direct billed by The Standard Insurance Company.** After my sick leave entitlement has been exhausted, I request PERSI continue my coverage by withholding the required premium from my retirement allowance, until otherwise notified in writing. I understand the rates and benefits are all subject to the master contract maintained by the Idaho School District Cooperative Service Council and Standard Insurance Company. I understand that my coverage may be terminated if: (a) my School District ceases to insure active employees under a group life insurance policy issued by Standard Insurance Company; (b) I cease to be eligible for PERSI benefits or no PERSI benefits are payable to me; **(c) I fail to pay my direct billing premium;** or (d) as provided under the group life insurance policy covering retirees issued by Standard Insurance Company to Idaho School District Cooperative Service Council. If my coverage under the group policy terminates for any reason, I understand that I may not become insured again under the group policy.

Retiree Signature _____ **Date** _____

Note: Beneficiary designation is not valid unless this form is signed and dated.

Approved by Gallagher Benefit Services, Inc. _____