

**The Board of Education of Anne Arundel County
ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
Voluntary Term Life Insurance Application
offered through Life Insurance Company of North America**

**Group Policy Number:
GL-16728**

Employee Name _____ Social Security # _____ Sex _____ Date of Birth _____
 Current Address _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____
 Date of Employment _____ Months Worked 10 12
 Coverage Level Desired _____ Payroll Deduction Amount _____

BIWEEKLY RATES																	
	Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
12-Month Employee	Under 25	\$ 0.12	\$ 0.23	\$ 0.35	\$ 0.46	\$ 0.58	\$ 0.69	\$ 0.81	\$ 0.92	\$ 1.04	\$ 1.15	\$ 1.73	\$ 2.31	\$ 2.88	\$ 3.46	\$ 4.04	\$ 4.62
	25 to 29	0.12	0.23	0.35	0.46	0.58	0.69	0.81	0.92	1.04	1.15	1.73	2.31	2.88	3.46	4.04	4.62
	30 to 34	0.14	0.28	0.42	0.55	0.69	0.83	0.97	1.11	1.25	1.38	2.08	2.77	3.46	4.15	4.85	5.54
	35 to 39	0.18	0.37	0.55	0.74	0.92	1.11	1.29	1.48	1.66	1.85	2.77	3.69	4.62	5.54	6.46	7.38
	40 to 44	0.23	0.46	0.69	0.92	1.15	1.38	1.62	1.85	2.08	2.31	3.46	4.62	5.77	6.92	8.08	9.23
	45 to 49	0.35	0.69	1.04	1.38	1.73	2.08	2.42	2.77	3.12	3.46	5.19	6.92	8.65	10.38	12.12	13.85
	50 to 54	0.69	1.38	2.08	2.77	3.46	4.15	4.85	5.54	6.23	6.92	10.38	13.85	17.31	20.77	24.23	27.69
	55 to 59	0.97	1.94	2.91	3.88	4.85	5.82	6.78	7.75	8.72	9.69	14.54	19.38	24.23	29.08	33.92	38.77
	60 to 64	1.45	2.91	4.36	5.82	7.27	8.72	10.18	11.63	13.08	14.54	21.81	29.08	36.35	43.62	50.88	58.15
	65 to 70	2.26	4.52	6.78	9.05	11.31	13.57	15.83	18.09	20.35	22.62	33.92	45.23	56.54	67.85	79.15	90.46
10-Month Employee	Under 25	\$ 0.15	\$ 0.30	\$ 0.45	\$ 0.60	\$ 0.75	\$ 0.90	\$ 1.05	\$ 1.20	\$ 1.35	\$ 1.50	\$ 2.25	\$ 3.00	\$ 3.75	\$ 4.50	\$ 5.25	\$ 6.00
	25 to 29	0.15	0.30	0.45	0.60	0.75	.90	1.05	1.20	1.35	1.50	2.25	3.00	3.75	4.50	5.25	6.00
	30 to 34	0.18	0.36	0.54	0.72	0.90	1.08	1.26	1.44	1.62	1.80	2.70	3.60	4.50	5.40	6.30	7.20
	35 to 39	0.24	0.48	0.72	0.96	1.20	1.44	1.68	1.92	2.16	2.40	3.60	4.80	6.00	7.20	8.40	9.60
	40 to 44	0.30	0.60	0.90	1.20	1.50	1.80	2.10	2.40	2.70	3.00	4.50	6.00	7.50	9.00	10.50	12.00
	45 to 49	0.45	0.90	1.35	1.80	2.25	2.70	3.15	3.60	4.05	4.50	6.75	9.00	11.25	13.50	15.75	18.00
	50 to 54	0.90	1.80	2.70	3.60	4.50	5.40	6.30	7.20	8.10	9.00	13.50	18.00	22.50	27.00	31.50	36.00
	55 to 59	1.26	2.52	3.78	5.04	6.30	7.56	8.82	10.08	11.34	12.60	18.90	25.20	31.50	37.80	44.10	50.40
	60 to 64	1.89	3.78	5.67	7.56	9.45	11.34	13.23	15.12	17.01	18.90	28.35	37.80	47.25	56.70	66.15	75.60
	65 to 70	2.94	5.88	8.82	11.76	14.70	17.64	20.58	23.52	26.46	29.40	44.10	58.80	73.50	88.20	102.90	117.60

Amounts exceeding \$100,000 will require medical evidence of insurability (see form enclosed).

Unit III employee may only apply for voluntary coverage up to \$100,000.

I hereby request the insurance to which I am or may become entitled under the Group Policy(ies) issued by the Company and authorize deductions, if any, from my earnings towards the cost of the insurance. I understand that I must be a permanent employee in order to be eligible. This application voids any and all previously completed applications.

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature _____ Date ____/____/____

RETURN ORIGINAL TO YOUR EMPLOYER—RETAIN COPY FOR YOUR RECORDS.

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