

**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 _____ Pay Periods 22 26
 Coverage Level Desired _____ Payroll Deduction Amount _____

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
26 Pay Periods	Under 25	\$ 0.12	\$ 0.23	\$ 0.35	\$ 0.47	\$ 0.58	\$ 0.70	\$ 0.81	\$ 0.93	\$ 1.04	\$ 1.16	\$ 1.73	\$ 2.31	\$ 2.89	\$ 3.47	\$ 4.04	\$ 4.62
	25 to 29	0.12	0.23	0.35	0.47	0.58	0.70	0.81	0.93	1.04	1.16	1.73	2.31	2.89	3.47	4.04	4.62
	30 to 34	0.14	0.28	0.42	0.56	0.70	0.83	0.97	1.11	1.25	1.39	2.08	2.77	3.47	4.16	4.85	5.54
	35 to 39	0.19	0.37	0.56	0.74	0.93	1.11	1.30	1.48	1.67	1.85	2.77	3.70	4.62	5.54	6.47	7.39
	40 to 44	0.23	0.47	0.70	0.93	1.16	1.39	1.62	1.85	2.08	2.31	3.47	4.62	5.77	6.93	8.08	9.23
	45 to 49	0.35	0.70	1.04	1.39	1.73	2.08	2.43	2.77	3.12	3.47	5.20	6.93	8.66	10.39	12.12	13.85
	50 to 54	0.70	1.39	2.08	2.77	3.47	4.16	4.85	5.54	6.23	6.93	10.39	13.85	17.31	20.77	24.23	27.70
	55 to 59	0.97	1.94	2.91	3.88	4.85	5.82	6.79	7.76	8.73	9.70	14.54	19.39	24.23	29.08	33.93	38.77
	60 to 64	1.46	2.91	4.37	5.82	7.27	8.73	10.18	11.63	13.09	14.54	21.81	29.08	36.35	43.62	50.89	58.16
	65 to 70	2.27	4.53	6.79	9.05	11.31	13.57	15.83	18.10	20.36	22.62	33.93	45.23	56.54	67.85	79.16	90.47
22 Pay Periods	Under 25	\$ 0.14	\$ 0.28	\$ 0.41	\$ 0.55	\$ 0.69	\$.82	\$.96	\$ 1.09	\$ 1.23	\$ 1.37	\$ 2.05	\$ 2.73	\$ 3.41	\$ 4.09	\$ 4.78	\$ 5.46
	25 to 29	0.14	0.28	0.41	0.55	0.69	.82	.96	1.09	1.23	1.37	2.05	2.73	3.41	4.09	4.78	5.46
	30 to 34	0.17	0.33	0.49	0.66	0.82	.99	1.15	1.31	1.48	1.64	2.46	3.28	4.09	4.91	5.73	6.55
	35 to 39	0.22	0.44	0.66	0.88	1.09	1.31	1.53	1.75	1.97	2.19	3.28	4.37	5.46	6.55	7.64	8.73
	40 to 44	0.28	0.55	0.82	1.09	1.37	1.64	1.91	2.19	2.46	2.73	4.09	5.46	6.82	8.19	9.55	10.91
	45 to 49	0.41	0.82	1.23	1.64	2.05	2.46	2.87	3.28	3.69	4.09	6.14	8.19	10.23	12.28	14.32	16.37
	50 to 54	0.82	1.64	2.46	3.28	4.09	4.91	5.73	6.55	7.37	8.19	12.28	16.37	20.46	24.55	28.64	32.73
	55 to 59	1.15	2.29	3.44	4.59	5.73	6.88	8.02	9.17	10.31	11.46	17.19	22.91	28.64	34.37	40.09	45.82
	60 to 64	1.72	3.44	5.16	6.88	8.59	10.31	12.03	13.75	15.47	17.19	25.78	34.37	42.96	51.55	60.14	68.73
	65 to 70	2.68	5.35	8.02	10.69	13.37	16.04	18.71	21.39	24.06	26.73	40.09	53.46	66.82	80.19	93.55	106.91

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.

AR-9709-10147 (10/09)
PM-603509M