

GROUP LIFE INSURANCE ENROLLMENT

TO BE COMPLETED BY THE POLICYHOLDER			
Policy Number <u>01-020046-00</u>			
Employer/Policyholder Name <u>Knox County Schools</u>			
912 S. Gay Street, 3rd Floor	Knoxville	TN	37902
Street Address	City	State	Zip Code
Employee Occupation/Job Title	Employee Date of Employment		
Effective Date of Coverage	<input type="checkbox"/> Full Time Employee		<input type="checkbox"/> Part Time Employee

I. EMPLOYEE/ENROLLEE INFORMATION

Name	Sex	<input type="checkbox"/> M	<input type="checkbox"/> F
Street Address	City	State	Zip Code
Home Telephone Number	Date of Birth	Marital Status	

II. BENEFITS (Please check if you wish to enroll)

Please contact your Benefits representative with any questions

	Yes	No	Indicate the benefit amount
Employee Supplemental Life			
Dependent Supplemental Life			
Spouse	Yes	No	Indicate the benefits amount
			\$10,000, \$20,000, \$30,000 (please circle)
Child			\$5,000

List information below on the dependents you are covering on the spouse and/or child policies:

Name	Relationship	Date of Birth	Contact Info: (Phone or email)

III. BENEFICIARY DESIGNATION

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

	NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP	% OF BENEFIT
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

IV. SELECTION/WAIVER OF GROUP INSURANCE (Only check one box below, and sign.)

- I, the undersigned, elect the insurance coverage which I selected above and for which I am eligible under the terms of the group policy or policies issued to the policyholder by Symetra Life Insurance Company. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance (**Not applicable if the Policyholder pays 100% of the required contribution**).

- I, the undersigned, hereby waive my right at this time to elect the insurance coverage which I did not select above. I understand that if I do not enroll within 31 days of the date I am first eligible, that I will not be able to obtain coverage in the future without submitting satisfactory evidence of insurability (proof of good health) to Symetra Life Insurance Company for approval. I also understand that Symetra Life Insurance Company will have the right to refuse my request for insurance.

I designate the beneficiary(ies) named on this form to receive any benefits payable in the event of my death. All information submitted by me on this form to the best of my knowledge and belief is true and complete.

Enrollee/Employee Signature

Date Signed

Group Benefits are insured by Symetra Life Insurance Company.

KNOX COUNTY SCHOOLS SYMETRA - SUPPLEMENTAL LIFE INSURANCE RATES EFFECTIVE 1/1/2021

The following notes apply to Symetra Insurance offered to Knox County Schools Employees

1. Eligible employees must be full-time or regularly scheduled to work 18.5 hours per week and currently in an active status. Retirees are not eligible.
2. Supplemental Life Benefits: Minimum \$15,000 to a maximum of \$300,000 all Guarantee Issue within the first 30 days.
3. The employee pays total rate of additional coverage.
4. If all or any part of life insurance ceases because employment ends, member may convert to an individual policy including spouse and dependent children.

Employee Age	Rate/1000	Rate																								Pay Cycle
		15,000	30,000	45,000	60,000	75,000	90,000	105,000	120,000	135,000	150,000	165,000	180,000	195,000	210,000	225,000	240,000	255,000	270,000	285,000	300,000					
Under 29	\$ 0.07	\$ 1.05	\$ 2.10	\$ 3.15	\$ 4.20	\$ 5.25	\$ 6.30	\$ 7.35	\$ 8.40	\$ 9.45	\$ 10.50	\$ 11.55	\$ 12.60	\$ 13.65	\$ 14.70	\$ 15.75	\$ 16.80	\$ 17.85	\$ 18.90	\$ 19.95	\$ 21.00	\$ 22.05	\$ 23.10	\$ 24.15	\$ 25.20	Monthly
	\$ 0.63	\$ 1.26	\$ 1.89	\$ 2.52	\$ 3.15	\$ 3.78	\$ 4.41	\$ 5.04	\$ 5.67	\$ 6.30	\$ 6.93	\$ 7.56	\$ 8.19	\$ 8.82	\$ 9.45	\$ 10.08	\$ 10.71	\$ 11.34	\$ 11.97	\$ 12.60	\$ 13.23	\$ 13.86	\$ 14.49	\$ 15.12	\$ 15.75	20 Pay
30-34	\$ 0.09	\$ 1.40	\$ 2.79	\$ 4.19	\$ 5.58	\$ 6.98	\$ 8.37	\$ 9.77	\$ 11.16	\$ 12.56	\$ 13.95	\$ 15.35	\$ 16.74	\$ 18.14	\$ 19.53	\$ 20.93	\$ 22.32	\$ 23.72	\$ 25.11	\$ 26.51	\$ 27.90	\$ 29.30	\$ 30.70	\$ 32.10	\$ 33.50	Monthly
	\$ 0.84	\$ 1.67	\$ 2.51	\$ 3.35	\$ 4.19	\$ 5.02	\$ 5.86	\$ 6.70	\$ 7.53	\$ 8.37	\$ 9.21	\$ 10.04	\$ 10.88	\$ 11.72	\$ 12.56	\$ 13.39	\$ 14.23	\$ 15.07	\$ 15.90	\$ 16.74	\$ 17.58	\$ 18.42	\$ 19.26	\$ 20.10	\$ 20.94	24 Pay
35-39	\$ 0.11	\$ 1.58	\$ 3.15	\$ 4.73	\$ 6.30	\$ 7.88	\$ 9.45	\$ 11.03	\$ 12.60	\$ 14.18	\$ 15.75	\$ 17.33	\$ 18.90	\$ 20.48	\$ 22.05	\$ 23.63	\$ 25.20	\$ 26.78	\$ 28.35	\$ 29.93	\$ 31.50	\$ 33.08	\$ 34.65	\$ 36.23	\$ 37.80	Monthly
	\$ 0.95	\$ 1.89	\$ 2.84	\$ 3.78	\$ 4.73	\$ 5.67	\$ 6.62	\$ 7.56	\$ 8.51	\$ 9.45	\$ 10.40	\$ 11.34	\$ 12.29	\$ 13.23	\$ 14.18	\$ 15.12	\$ 16.07	\$ 17.01	\$ 17.96	\$ 18.90	\$ 19.84	\$ 20.79	\$ 21.73	\$ 22.68	\$ 23.62	24 Pay
40-44	\$ 0.12	\$ 1.74	\$ 3.48	\$ 5.22	\$ 6.96	\$ 8.70	\$ 10.44	\$ 12.18	\$ 13.92	\$ 15.66	\$ 17.40	\$ 19.14	\$ 20.88	\$ 22.62	\$ 24.36	\$ 26.10	\$ 27.84	\$ 29.58	\$ 31.32	\$ 33.06	\$ 34.80	\$ 36.54	\$ 38.28	\$ 40.02	\$ 41.76	Monthly
	\$ 1.04	\$ 2.09	\$ 3.13	\$ 4.18	\$ 5.22	\$ 6.26	\$ 7.31	\$ 8.35	\$ 9.40	\$ 10.44	\$ 11.48	\$ 12.53	\$ 13.57	\$ 14.62	\$ 15.66	\$ 16.70	\$ 17.75	\$ 18.79	\$ 19.84	\$ 20.88	\$ 21.93	\$ 22.97	\$ 24.02	\$ 25.06	\$ 26.11	24 Pay
45-49	\$ 0.17	\$ 2.61	\$ 5.22	\$ 7.83	\$ 10.44	\$ 13.05	\$ 15.66	\$ 18.27	\$ 20.88	\$ 23.49	\$ 26.10	\$ 28.71	\$ 31.32	\$ 33.93	\$ 36.54	\$ 39.15	\$ 41.76	\$ 44.37	\$ 46.98	\$ 49.59	\$ 52.20	\$ 54.81	\$ 57.42	\$ 60.03	\$ 62.64	Monthly
	\$ 1.31	\$ 2.61	\$ 3.92	\$ 5.22	\$ 6.53	\$ 7.83	\$ 9.14	\$ 10.44	\$ 11.75	\$ 13.05	\$ 14.36	\$ 15.66	\$ 16.97	\$ 18.27	\$ 19.58	\$ 20.88	\$ 22.19	\$ 23.49	\$ 24.80	\$ 26.10	\$ 27.41	\$ 28.71	\$ 30.02	\$ 31.32	\$ 32.63	24 Pay
50-54	\$ 0.27	\$ 4.02	\$ 8.04	\$ 12.06	\$ 16.08	\$ 20.10	\$ 24.12	\$ 28.14	\$ 32.16	\$ 36.18	\$ 40.20	\$ 44.22	\$ 48.24	\$ 52.26	\$ 56.28	\$ 60.30	\$ 64.32	\$ 68.34	\$ 72.36	\$ 76.38	\$ 80.40	\$ 84.42	\$ 88.44	\$ 92.46	\$ 96.48	Monthly
	\$ 2.41	\$ 4.82	\$ 7.24	\$ 9.65	\$ 12.06	\$ 14.47	\$ 16.88	\$ 19.30	\$ 21.71	\$ 24.12	\$ 26.53	\$ 28.94	\$ 31.36	\$ 33.77	\$ 36.18	\$ 38.59	\$ 41.00	\$ 43.42	\$ 45.83	\$ 48.24	\$ 50.65	\$ 53.06	\$ 55.47	\$ 57.88	\$ 60.29	24 Pay
55-59	\$ 0.50	\$ 7.52	\$ 15.03	\$ 22.55	\$ 30.06	\$ 37.58	\$ 45.09	\$ 52.61	\$ 60.12	\$ 67.64	\$ 75.15	\$ 82.67	\$ 90.18	\$ 97.70	\$ 105.21	\$ 112.73	\$ 120.24	\$ 127.76	\$ 135.27	\$ 142.79	\$ 150.30	\$ 157.82	\$ 165.33	\$ 172.85	\$ 180.36	Monthly
	\$ 4.51	\$ 9.02	\$ 13.53	\$ 18.04	\$ 22.55	\$ 27.05	\$ 31.56	\$ 36.07	\$ 40.58	\$ 45.09	\$ 49.60	\$ 54.11	\$ 58.62	\$ 63.13	\$ 67.64	\$ 72.15	\$ 76.66	\$ 81.17	\$ 85.68	\$ 90.19	\$ 94.70	\$ 99.21	\$ 103.72	\$ 108.23	\$ 112.74	24 Pay
60-64	\$ 0.77	\$ 11.52	\$ 23.04	\$ 34.56	\$ 46.08	\$ 57.60	\$ 69.12	\$ 80.64	\$ 92.16	\$ 103.68	\$ 115.20	\$ 126.72	\$ 138.24	\$ 149.76	\$ 161.28	\$ 172.80	\$ 184.32	\$ 195.84	\$ 207.36	\$ 218.88	\$ 230.40	\$ 241.92	\$ 253.44	\$ 264.96	\$ 276.48	Monthly
	\$ 6.91	\$ 13.82	\$ 20.74	\$ 27.65	\$ 34.56	\$ 41.47	\$ 48.38	\$ 55.30	\$ 62.21	\$ 69.12	\$ 76.03	\$ 82.94	\$ 89.85	\$ 96.77	\$ 103.68	\$ 110.59	\$ 117.50	\$ 124.42	\$ 131.33	\$ 138.24	\$ 145.15	\$ 152.06	\$ 158.97	\$ 165.88	\$ 172.79	24 Pay
65-69	\$ 1.48	\$ 22.20	\$ 44.40	\$ 66.60	\$ 88.80	\$ 111.00	\$ 133.20	\$ 155.40	\$ 177.60	\$ 199.80	\$ 222.00	\$ 244.20	\$ 266.40	\$ 288.60	\$ 310.80	\$ 333.00	\$ 355.20	\$ 377.40	\$ 399.60	\$ 421.80	\$ 444.00	\$ 466.20	\$ 488.40	\$ 510.60	\$ 532.80	Monthly
	\$ 13.32	\$ 26.64	\$ 39.96	\$ 53.28	\$ 66.60	\$ 79.92	\$ 93.24	\$ 106.56	\$ 119.88	\$ 133.20	\$ 146.52	\$ 159.84	\$ 173.16	\$ 186.48	\$ 199.80	\$ 213.12	\$ 226.44	\$ 239.76	\$ 253.08	\$ 266.40	\$ 279.72	\$ 293.04	\$ 306.36	\$ 319.68	\$ 333.00	24 Pay
70-74	\$ 2.40	\$ 35.99	\$ 71.97	\$ 107.96	\$ 143.94	\$ 179.93	\$ 215.91	\$ 251.89	\$ 287.88	\$ 323.87	\$ 359.85	\$ 395.84	\$ 431.82	\$ 467.81	\$ 503.79	\$ 539.78	\$ 575.76	\$ 611.75	\$ 647.73	\$ 683.72	\$ 719.70	\$ 755.69	\$ 791.67	\$ 827.66	\$ 863.64	Monthly
	\$ 21.59	\$ 43.18	\$ 64.77	\$ 86.36	\$ 107.96	\$ 129.55	\$ 151.14	\$ 172.73	\$ 194.32	\$ 215.91	\$ 237.50	\$ 259.09	\$ 280.68	\$ 302.27	\$ 323.87	\$ 345.46	\$ 367.05	\$ 388.64	\$ 410.23	\$ 431.82	\$ 453.41	\$ 475.00	\$ 496.59	\$ 518.18	\$ 539.77	24 Pay

SPOUSE SUPPLEMENTAL RATES

Rate	\$20,000	\$30,000.00	Monthly
\$10,000	\$7.00	\$10.50	20 Pay
\$3.50	\$4.20	\$6.30	24 Pay
\$2.10	\$3.15	\$4.73	24 Pay

CHILD SUPPLEMENTAL RATES

Rate	\$5,000	Monthly
\$1.10	\$1.10	20 Pay
\$0.68	\$0.68	24 Pay



*Children are covered from age 14 days to 26 years.
Regardless of how many children you have.