

# ST. CHARLES CITY SCHOOL DISTRICT

## GROUP LIFE INSURANCE ENROLLMENT

PROVIDED BY:  
FORT DEARBORN LIFE INSURANCE CO  
1020 31ST STREET  
DOWNER'S GROVE, IL 60515-5591  
(800) 348-4512

GROUP NUMBER: F011449



<b>Social Security Number</b>	<b>Employee Name (Last, First, Middle Initial)</b>	<b>Effective Date</b>
<b>Home Address</b>		<b>Date of Birth</b>
<b>City, State, Zip Code</b>		<b>Home Phone Number</b>
<b>Name of Beneficiary</b>		<b>Relationship</b>
<b>Contingent Beneficiary #1</b>		<b>Relationship</b>
<b>Contingent Beneficiary #2</b>		<b>Relationship</b>
<b>Dependent Life</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Dependent Life - Plan I or Plan II (See Below)</b> <input type="checkbox"/> Plan I <input type="checkbox"/> Plan II <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Both		<b>Total # of Dependents</b>
<b>Spouse's Name</b>		<b>Spouse's Date of Birth</b>
<b>Employee Signature</b>		<b>Date</b>

Your individual life insurance, which is paid for you by the District is your annual base salary rounded up to the nearest thousand (maximum of \$200,000). The two *optional* dependent life insurance plans, Plan I and Plan II, provide you with coverage on your family.

### Dependent Life Plan I

Cost \$1.10 per month (\$.55 per paycheck)  
\$5,000 coverage on spouse  
\$100 coverage on children (15 days to 6 mo)  
\$2000 coverage of children (6 mo and over)

### Dependent Life Plan II

Cost \$2.20 per month (\$1.10 per paycheck)  
\$10,000 coverage on life of spouse  
\$100 coverage on children (15 days to 6 mo)  
\$5000 coverage on children (6 mo and over)

\*Children are covered until age 19 unless they are a full-time student, then they are covered until the age of 25