

ANYONE HIRED JANUARY 1, 2009 OR LATER CANNOT USE THIS "Open Enrollment" FORM!
WAIT TO RECEIVE YOUR "NEW ELIGIBLE ENROLLMENT KIT".

2009-10 OPEN ENROLLMENT Group LIFE

If you are newly enrolling yourself or a dependent in life insurance OR are requesting a higher amount than you did when you first enrolled, this form must be completed and stapled to your 2009-10 OPEN ENROLLMENT FORM.

This form is NOT complete unless it includes all required "Evidence of Insurability" information requested on the ING - "EOI Form" (See the bottom of this page for directions to this form):

SEE BACK OF THIS PAGE FOR RATES!

Your Name: (print) _____ **STORE:** _____

CHECK ONE:


**You previously [] ENROLLED for LESS COVERAGE
OR [] DECLINED enrollment.**

What Life Insurance Level are you requesting with this form?


Self / CHOOSE ONE:

\$50,000 (guarantee issue for those making under \$20,000 a year)

\$100,000 (guarantee issue for those making \$20,000 or more a year)

IMPORTANT: If your earnings are over \$60,000 annually and you would like to apply for \$300,000  in Group Life Insurance,

Check HERE: \$300,000 / attach Evidence of Insurability

AND refer to the  flag in this section below.

Spouse - If you check here, you're applying for Guarantee issue of \$25,000. If you attach the completed Evidence of Insurability*, you're applying for 1/2 the amount you check for yourself to a max of \$100,000 on spouse. You MUST be insured by Reliastar Life Ins Co to be eligible to put life insurance on dependent/s.

Child/ren - \$10,000 coverage for each eligible child (age 6 months to 19 or 23 if full time student; see your Benefits Booklet for details).

\$1.90 monthly

of Children: _____

NAME the Primary and Secondary Beneficiaries of this LIFE POLICY: PROVIDE ALL REQUESTED INFO

(You cannot name yourself as a beneficiary. You will be dead.)

Full Name of

Primary: _____ Relation to you: _____

Address: _____ Last 4 of SSN: _____

Full Name of


Secondary: _____ Relation to you: _____

(In case you and Primary die at the same time.)

Address: _____ Last 4 of SSN: _____

NOTICE: IF YOU ALREADY HAVE the Ancira-ING LIFE INSURANCE, and ONLY NEED TO REVISE YOUR "BENEFICIARY" DATA, use "New Beneficiary" form at www.ancira.org>Forms & Reference

SIGNATURE: _____ DATE: _____

 This symbol flags your attention that an additional form is needed. Failure to complete and attach all required forms is YOUR DUTY, not the employer's. Incomplete forms will be rejected.

Go to www.ancira.org > My Benefits > Evidence of Insurability-Statement of Health form.

Complete a statement of health form for yourself (spouse, if married and requesting coverage on him/her).

Complete and return it along with this completed enrollment form AND your OPEN ENROLLMENT forms.

You will not have the amount requested on this form unless you are approved (and later notified) by letter from Reliastar Life Insurance Company. Life insurance is underwritten by Reliastar Life Insurance Company.

MONTHLY PREMIUM Rate Schedule

**Employee- \$50,000, \$100,000 or \$300,000. Not to exceed 5 times annual earnings.
Guarantee Issue Amount: \$50,000 for new enrollees**

AGE	\$50,000	\$100,000	\$300,000
Under 25	\$ 4.50	\$ 9.00	\$ 27.00
25-29	\$ 4.50	\$ 9.00	\$ 27.00
30-34	\$ 5.50	\$ 11.00	\$ 33.00
35-39	\$ 6.50	\$ 13.00	\$ 39.00
40-44	\$ 9.00	\$ 18.00	\$ 54.00
45-49	\$ 14.00	\$ 28.00	\$ 84.00
50-54	\$ 23.00	\$ 46.00	\$ 138.00
55-59	\$ 35.50	\$ 71.00	\$ 213.00
60-64	\$ 59.00	\$ 118.00	\$ 354.00
65-69	\$ 100.50	\$ 201.00	\$ 603.00
70+	\$ 188.00	\$ 376.00	\$1,128.00

**Spouses- USE EMPLOYEE'S DATE OF BIRTH TO DETERMINE SPOUSE'S RATE.
Up to 50% of EMPLOYEE amount, not to exceed \$100,000.**

Guarantee Issue Amount: \$25,000 for new enrollees

EMPLOYEE'S AGE	\$25,000	\$50,000	\$ 100,000
Under 25	\$ 2.00	\$ 4.00	\$ 8.00
25-29	\$ 2.00	\$ 4.00	\$ 8.00
30-34	\$ 2.50	\$ 5.00	\$ 10.00
35-39	\$ 3.00	\$ 6.00	\$ 12.00
40-44	\$ 4.25	\$ 8.50	\$ 17.00
45-49	\$ 6.75	\$ 13.50	\$ 27.00
50-54	\$ 11.25	\$ 22.50	\$ 45.00
55-59	\$ 17.50	\$ 35.00	\$ 70.00
60-64	\$ 29.25	\$ 58.50	\$ 117.00
65-69	\$ 50.00	\$ 100.00	\$ 200.00
70+	\$ 93.75	\$ 187.50	\$ 375.00

Dependent Children- \$10,000 per child; Children 6 mo.- 19 years old (23 if a full time student)

Monthly Rate is: \$1.90

One monthly rate regardless of
the number of children you cover

For specific questions concerning the group life insurance offered through Reliastar, call
800-537-5024 (general information) | <http://www.ingemployeebenefits-us.com/>