



LOUISIANA STATE UNIVERSITY

# Financial Protection Enrollment/Change Form

Voluntary Life		
Age Bands	Rates per \$5,000	Rates per \$10,000
24 and under	\$0.16	\$0.32
25-29	\$0.20	\$0.39
30-34	\$0.23	\$0.45
35-39	\$0.29	\$0.57
40-44	\$0.36	\$0.71
45-49	\$0.50	\$1.00
50-54	\$0.85	\$1.70
55-59	\$1.30	\$2.60
60-64	\$1.97	\$3.94
65-69	\$3.25	\$6.50
70-74	\$6.12	\$12.23
75-79	\$10.23	\$20.46
80-84	\$18.17	\$36.33
Employee rates based on Employee age Spouse rates based on Spouse age		

Critical Illness		
Age Bands	Rates per \$5,000	Rates per \$10,000
24 and under	\$1.85	\$3.70
25-29	\$2.92	\$5.84
30-34	\$3.65	\$7.29
35-39	\$4.89	\$9.77
40-44	\$6.90	\$13.80
45-49	\$9.87	\$19.74
50-54	\$13.79	\$27.58
55-59	\$19.03	\$38.05
60-64	\$26.42	\$52.83
65-69	\$35.45	\$70.90
70-74	\$49.31	\$98.62
75-79	\$62.72	\$125.44
80-84	\$62.72	\$125.44
Employee rates based on Employee age Spouse rates based on Employee age		

Last Name		First Name		MI
Mailing Address				
City		State	Zip	
SSN		Birth Date		

<b>VOLUNTARY LIFE</b>	Primary Beneficiary Name(s)	Relationship	% of Benefit
	Contingent Beneficiary Name(s)	Relationship	% of Benefit

<b>CRITICAL ILLNESS</b>	Primary Beneficiary Name(s)	Relationship	% of Benefit
	Contingent Beneficiary Name(s)	Relationship	% of Benefit

<b>ACCIDENT</b>	Primary Beneficiary Name(s)	Relationship	% of Benefit
	Contingent Beneficiary Name(s)	Relationship	% of Benefit

<b>AD&amp;D</b>	Primary Beneficiary Name(s)	Relationship	% of Benefit
	Contingent Beneficiary Name(s)	Relationship	% of Benefit

I authorize my employer to deduct from my wages the premiums, if any, for the elected coverage. To the best of my knowledge and belief, the information I have provided on this form is correct. I understand that any persons who knowingly present a false or fraudulent claim for payment of loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_