

Winning Wheels Voluntary Benefit Election Form Semi-Monthly Rates Page 1 of 1.

This form must be completed in full. The below is for your accident and critical illness plans with Assurity and your life insurance with American Public Life (APL). If you have any questions regarding these plans please contact your representative, Matt Rednour, at 563-265-0122 or Matt@waregroupga.com

(Employee) Print Name (First, MI, Last) : _____ **Phone:** _____

If you have elected any coverage on a spouse or child please complete the below in full. If you need additional space please add an additional form

Name (First, MI, Last)	Relationship to you (spouse or dependent child)	Gender	Date of Birth
1			
2			
3			
4			
5			

Please select only one of the accident plans boxes below or if you intend to decline both please check the decline both accident plans box.

Election Type	Accident Expense Plan 1	Election Type	Accident Expense Plan 2
Employee Only	<input type="checkbox"/> \$5.38	Employee Only	<input type="checkbox"/> \$9.51
Employee + Spouse	<input type="checkbox"/> \$9.31	Employee + Spouse	<input type="checkbox"/> \$16.39
Employee + Children	<input type="checkbox"/> \$10.20	Employee + Children	<input type="checkbox"/> \$17.59
Family	<input type="checkbox"/> \$15.30	Family	<input type="checkbox"/> \$26.40
		I Decline Both Accident Plans	<input type="checkbox"/>

Critical Illness

Children are no additional cost to be added. If children are insured they will be covered at 25% of the listed benefit, if spouse are insured they will be covered at 50% of the listed benefit. Choose one of the below boxes or check the decline box.

Employee Only and Employee with Children Rates				Employee with Spouse and Employee with Family Rates			
Employee Attained Age	\$10,000	\$20,000	\$30,000	Employee Attained Age	\$10,000	\$20,000	\$30,000
18-24	<input type="checkbox"/> \$2.18	<input type="checkbox"/> \$4.36	<input type="checkbox"/> \$6.53	18-24	<input type="checkbox"/> \$2.80	<input type="checkbox"/> \$5.60	<input type="checkbox"/> \$8.37
25-29	<input type="checkbox"/> \$2.56	<input type="checkbox"/> \$5.10	<input type="checkbox"/> \$7.62	25-29	<input type="checkbox"/> \$3.32	<input type="checkbox"/> \$6.60	<input type="checkbox"/> \$9.90
30-34	<input type="checkbox"/> \$3.11	<input type="checkbox"/> \$6.21	<input type="checkbox"/> \$9.29	30-34	<input type="checkbox"/> \$4.17	<input type="checkbox"/> \$8.29	<input type="checkbox"/> \$12.40
35-39	<input type="checkbox"/> \$3.91	<input type="checkbox"/> \$7.80	<input type="checkbox"/> \$11.67	35-39	<input type="checkbox"/> \$5.38	<input type="checkbox"/> \$10.68	<input type="checkbox"/> \$15.97
40-44	<input type="checkbox"/> \$4.96	<input type="checkbox"/> \$9.89	<input type="checkbox"/> \$14.80	40-44	<input type="checkbox"/> \$6.97	<input type="checkbox"/> \$13.83	<input type="checkbox"/> \$20.69
45-49	<input type="checkbox"/> \$6.81	<input type="checkbox"/> \$13.54	<input type="checkbox"/> \$20.24	45-49	<input type="checkbox"/> \$9.77	<input type="checkbox"/> \$19.34	<input type="checkbox"/> \$28.93
50-54	<input type="checkbox"/> \$10.09	<input type="checkbox"/> \$20.05	<input type="checkbox"/> \$30.00	50-54	<input type="checkbox"/> \$14.72	<input type="checkbox"/> \$29.16	<input type="checkbox"/> \$43.60
55-59	<input type="checkbox"/> \$15.72	<input type="checkbox"/> \$31.24	<input type="checkbox"/> \$46.76	55-59	<input type="checkbox"/> \$23.22	<input type="checkbox"/> \$46.03	<input type="checkbox"/> \$68.84
60-64	<input type="checkbox"/> \$19.93	<input type="checkbox"/> \$39.62	<input type="checkbox"/> \$59.31	60-64	<input type="checkbox"/> \$29.53	<input type="checkbox"/> \$58.60	<input type="checkbox"/> \$87.69
65-69	<input type="checkbox"/> \$27.15	<input type="checkbox"/> \$54.05	<input type="checkbox"/> \$80.95	65-69	<input type="checkbox"/> \$40.35	<input type="checkbox"/> \$80.23	<input type="checkbox"/> \$120.09
70+	<input type="checkbox"/> \$77.34	<input type="checkbox"/> \$154.13	<input type="checkbox"/> \$230.91	70+	<input type="checkbox"/> \$115.73	<input type="checkbox"/> \$230.34	<input type="checkbox"/> \$344.95
I Decline Critical Illness <input type="checkbox"/>							

20 Year Term Life Insurance

Choose how much life insurance you want for yourself in the employee volume on the left then on the right choose who is all to be covered in the coverage type. If you cover your spouse they will be 50% of the amount you select for yourself and if you cover your children they will be at \$10,000. If you are declining life insurance please check the decline box. The rates for this plan can be located in the life insurance brochure.

Employee Volume	Coverage Type
\$50,000 <input type="checkbox"/>	Employee Only <input type="checkbox"/>
\$100,000 <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>
\$150,000 <input type="checkbox"/>	Employee + Children <input type="checkbox"/>
I Decline Life Insurance <input type="checkbox"/>	Family <input type="checkbox"/>

If you have elected life insurance above please be sure to complete the beneficiary section below. If this section is left blank your beneficiary will be listed as being designated to your estate.

Beneficiary (First Name and Last Name)	Relationship to you	Percent of benefit paid to beneficiary. Must equal 100%
1		
2		
3		
Contingent Beneficiary (First Name and Last Name)	Relationship to you	Percent of benefit paid to beneficiary. Must equal 100%
1		
2		
3		

*You are electing or waiving coverage for which you are eligible or may become and, if enrolling, authorize your employer to deduct premiums via payroll deduction. The coverage requested on this election form will not be effective until approved by the carriers. If any discrepancies, the policy will control. Coverage is subject to terms, conditions, limitations, and exclusions. Exact premium will be determined at time of issue. You understand that changes may only take place during qualifying life events or during future open enrollments.

Signature: _____

Date: _____

Print Name (First, MI, Last): _____