

# HUMAN RESOURCES DEPARTMENT

## CITY OF BURLINGTON

200 Church Street, Suite 102, Burlington, VT 05401

Phone: (802) 865-7145

Fax (802) 864-1777

Vermont Relay: 7-1-1 or 800-253-0191



### 2021 ADDITIONAL LIFE PAYROLL DEDUCTION AGREEMENT

I, \_\_\_\_\_, wish to enroll in the additional life program provided by The Standard Life Insurance Company, through the City of Burlington. This is life insurance in addition to the basic life insurance provided at no cost to Full-Time Regular and Limited Service Employees.

#### Section 1: Coverage Amount

I am applying for coverage in the amount of:

☐ 20,000      ☐ 40,000      ☐ 60,000      ☐ 80,000      ☐ 100,000

#### Section 2: Rate

I understand that my current rate will be:

Age of Member	Monthly rate per \$1000 of coverage		Age of Member	Monthly rate per \$1000 of coverage
29 or under	\$.060		50 through 54	\$.410
30 through 34	\$.070		55 through 59	\$.680
35 through 39	\$.080		60 through 64	\$.970
40 through 44	\$.150		65 through 69	\$1.74
45 through 49	\$.310		70 through 74	\$3.12
			75 and over	\$12.380

#### Section 3: Monthly Cost

I understand that this will equal a monthly cost of:

\_\_\_\_\_ ÷ 1000 = \_\_\_\_\_ × \_\_\_\_\_ = \_\_\_\_\_  
Coverage from section 1      Rate from Section 2      Monthly Amount

I hereby request and authorize the City of Burlington to deduct from my earnings each pay period the monthly amount above applied to my regular paycheck each pay period. I understand that premium rates are based on both amount of coverage and my current age and that the City will automatically adjust my premium rate on my birthday, when that birthday advances me to the next premium level.

Dated at Burlington, VT, this \_\_\_\_\_ day of \_\_\_\_\_.

Employee Name (Print) \_\_\_\_\_

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

I certify that the figures above are accurate:

Human Resources: \_\_\_\_\_ Date \_\_\_\_\_