

**RELiance STANDARD LIFE INSURANCE COMPANY: GL 141526**

**Retiree Life Insurance Benefit Enrollment Form**

SEND TO ELIGIBILITY DEPARTMENT: Change class coverage from active to retiree.

Date of Retirement: \_\_\_\_\_

Effective Date of Retiree Life Insurance Coverage: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home/Contact Number: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

**ACCEPTANCE OF RETIREE LIFE INSURANCE COVERAGE**

I am eligible and choose to enroll in the retiree life insurance coverage offered by Centenary College through Reliance Standard Life Insurance Company. I understand the amount of insurance coverage is as follows:

Retiree Life Benefits Coverage of \$5,000.00.....\$1.05 per month

I also understand that Centenary College does not send out statements or billing, and it is my responsibility to be sure that the payments are current and due at the end of each fiscal quarter, and by the **10<sup>th</sup> of the next month.**

Payment Schedule:

One Payment for the year of \$12.60

OR

Payment of \$3.15 for January, February and March.....Due by April 10

Payment of \$3.15 for April, May and June.....Due by July 10

Payment of \$3.15 for July, August and September.....Due by October 10

Payment of \$3.15 for October, November and December .....Due by January 10

Payments are made directly to:

Centenary College of Louisiana  
Attention: Department of Human Resources  
2911 Centenary Blvd.  
Shreveport, LA 71104

It is my responsibility to also inform the College of any change of address information, beneficiary information, and any relevant personal information.

***Enrollment will be terminated 30 days after one reminder that payment is over due if there is no response.***

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

**WAIVER OF RETIREE LIFE INSURANCE COVERAGE**

I have received the notification of my eligibility for retiree life insurance coverage for myself. I choose to waive my eligibility and right for participation in retiree life insurance coverage.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_