



BOWLING GREEN STATE UNIVERSITY

Office of Human Resources

BGSU ID # \_\_\_\_\_

Printed Name \_\_\_\_\_

**Full-time Administrative and Faculty Group Life Insurance, Accidental Death Insurance, and Long-Term Disability (LTD) Election Form**

Choice	Life Insurance	LTD Benefit* *Eligible after 1 year	Paid By
<b>A</b>	2.5 times annual salary, not to exceed \$150,000	60% of monthly salary, not to exceed \$5,000 per month	BGSU and employee
<b>Employee Annual Salary</b>	<b>BGSU Annual Contribution</b>	<b>Employee Contribution-12 pays</b>	<b>9 pays</b>
\$0 - \$20,000	\$84.00	\$0	\$0
\$20,001 - \$25,000	\$53.00	\$6.54	\$8.72
\$25,001 - \$30,000	\$68.00	\$8.43	\$11.24
\$30,001 - \$35,000	\$86.00	\$10.65	\$14.20
\$35,001 - \$40,000	\$91.00	\$11.36	\$15.15
\$40,001 - \$50,000	\$108.00	\$13.48	\$17.97
>\$50,001	\$108.00	\$20.39	\$27.19

I elect **Choice A**, the additional coverage for both life insurance and long-term disability. I understand that I will have appropriate deductions taken from my pay each pay period to pay the premiums.

\_\_\_\_\_  
Signature of Insured Faculty/Staff Member

\_\_\_\_\_  
Date

Choice	Life Insurance	LTD Benefit* *Eligible after 1 year	Paid By
<b>B</b>	\$50,000	60% of monthly salary, Not to exceed \$2,000 per month	BGSU

I elect **Choice B**, the basic coverage for both life insurance and long-term disability. I understand that this choice is no cost to me.

\_\_\_\_\_  
Signature of Insured Faculty/Staff Member

\_\_\_\_\_  
Date

**Please refer to the Open Enrollment Brochure regarding the ability and requirements to make changes to these plans once your election is made.**