

UND LIFE Group Term Life and Personal Accident Insurance Enrollment

Life Insurance Coverage Underwritten by:

Mutual of Omaha

Name (Last, First, MI)		Employee ID
Social Security #	Date of Birth	Permanent Employment Date
<input type="checkbox"/> New Hire <input type="checkbox"/> Increase Coverage <input type="checkbox"/> Decrease Coverage <input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Name Change (Former Name) _____		

Requested Coverage

<input checked="" type="checkbox"/> Basic Life (\$5,000 provided by Employer)	\$ <u>5,000</u>
<input type="checkbox"/> Employee Supplemental Life (\$10,000 minimum). <i>Maximum 10X salary or \$500,000 (whichever is less). Evidence of Insurability is required over \$150,000. Life insurance amounts will be reduced starting at age 70</i>	\$ _____
<input type="checkbox"/> Spouse Supplemental Life (\$5,000 increments) <i>Cannot exceed 50% of employee supplemental. Evidence of Insurability is required over \$20,000</i>	\$ _____
<input type="checkbox"/> Dependent Child(ren) (covers all dependent children) <i>Must have employee supplemental</i>	\$ <u>10,000</u>

EMPLOYEE IS AUTOMATICALLY THE BENEFICIARY FOR SPOUSE/DEPENDENT COVERAGE

Designation of Beneficiaries

Primary Beneficiary(ies)	% Share	Relationship	Birth Date	Address
			/ /	
			/ /	
			/ /	

Contingent Beneficiary(ies)	% Share	Relationship	Birth Date	Address
			/ /	
			/ /	
			/ /	

I hereby apply to Mutual of Omaha for Group Term Life Insurance as presented to me and authorize my employer to make any necessary premium deduction from my salary.

Applicant's Signature _____ Date Signed _____

Group Policy # G000AVV8	Effective Date
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UND Life Insurance

University of North Dakota

Underwritten by



The following life insurance plans are provided for all benefit eligible employees of the University of North Dakota.

<p>Basic Life Insurance</p> <ul style="list-style-type: none"> • Coverage for Employee 	<ul style="list-style-type: none"> ▪ All eligible employees receive \$5,000 of Life Insurance coverage. This benefit includes Accidental Death & Dismemberment (AD&D) coverage. ▪ Provided by University of North Dakota. No cost to employee.
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<p>Supplemental Life Insurance</p> <p><i>Additional Coverage for:</i></p> <ul style="list-style-type: none"> • Employee • Spouse • Dependent Unmarried Children <p style="text-align: center;">See page 2 for Monthly Rates</p>	<ul style="list-style-type: none"> ▪ You may purchase additional life insurance coverage. See rate table on page 2. ▪ If you enroll during the first 31 days you are eligible, you can purchase up to these amounts without providing any medical information. The coverage is guaranteed to be issued. Employee: \$150,000 Spouse: \$20,000 Children: \$10,000 ▪ You and/or your spouse may purchase coverage above the Guaranteed Amounts with proof of good health. You will need to complete a <i>Personal Health Application</i> and be approved by Mutual of Omaha to receive the additional coverage. This application is available from the HR & Payroll Services Office. The maximum amounts that can be purchased are: <i>Employee: \$500,000 or 10 times annual income, whichever is less</i> <i>Spouse: \$250,000, not to exceed 50% of employee amount</i> ▪ You must elect Supplemental Life Insurance for yourself in order to purchase this coverage for your spouse. Minimum employee coverage is \$10,000. ▪ Spouse coverage cannot exceed 50% of the employee supplemental coverage. ▪ Spouse rates are based on the <i>Employee's</i> age. ▪ You may not elect coverage for your spouse if he/she is an active member of the armed forces of any country or international authority or is already covered as a University of North Dakota Employee under this policy. <p><i>Dependent Child Coverage</i></p> <ul style="list-style-type: none"> ▪ If you elect Supplemental Life Insurance for yourself, you may purchase coverage for your unmarried dependent children. <i>No medical information is required.</i> ▪ One premium covers all children. This premium provides \$10,000 of coverage for each child. ▪ Children are covered from Live Birth to age 26 (if unmarried).
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- Your premium is based on your age on the date you begin coverage, and then your age on January 1 each year thereafter.
- Your coverage and your spouse's coverage will be reduced by 35% at age 70 and by 55% at age 75 (of the original amount). This reduction applies to the Supplemental Life and Personal Accident coverage. The Basic Life coverage is not reduced. All coverage ends at retirement.
- Upon termination of employment, Supplemental Life coverage may be continued as a term life insurance plan or converted to a permanent cash value type plan.
- If both husband and wife are eligible University of North Dakota employees, you cannot elect spouse coverage.
- If you wish to begin or increase Supplemental Life coverage after you have been eligible for more than 31 days, you will need to complete a Personal Health Application and be approved by Mutual of Omaha to receive the additional coverage.
- If you become totally disabled before age 60 and your disability lasts for at least 3 months, your life insurance coverage may be continued, and the premium may be waived.
- Refer to the group policy for provisions regarding coverage for members of the armed forces, and disability of dependents on their normal effective date.

As is standard with most term life insurance, this Insurance coverage includes limitations and exclusions:

- Death by suicide (one year).
- Other exclusions may apply depending upon your coverage.

UND Life Monthly Deductions

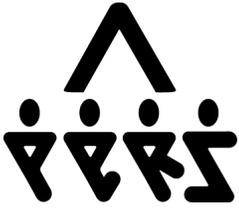
Employee Age as of Effective Date	EMPLOYEE Life Insurance Coverage									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
25-29	0.60	1.20	1.80	2.40	3.00	3.60	4.20	4.80	5.40	6.00
30-34	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
35-39	0.90	1.80	2.70	3.60	4.50	5.40	6.30	7.20	8.10	9.00
40-44	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
45-49	1.60	3.20	4.80	6.40	8.00	9.60	11.20	12.80	14.40	16.00
50-54	2.50	5.00	7.50	10.00	12.50	15.00	17.50	20.00	22.50	25.00
55-59	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
60-64	6.80	13.60	20.40	27.20	34.00	40.80	47.60	54.40	61.20	68.00
65-69	13.20	26.40	39.60	52.80	66.00	79.20	92.40	105.60	118.80	132.00
70-74	22.60	45.20	67.80	90.40	113.00	135.60	158.20	180.80	203.40	226.00
75+	37.40	74.80	112.20	149.60	187.00	224.40	261.80	299.20	336.60	374.00

Employee Age as of Effective Date	EMPLOYEE Life Insurance Coverage					Employee Age as of Effective Date	SPOUSE COVERAGE			
	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000		Premium based on Employee Age			
							\$5,000	\$10,000	\$15,000	\$20,000
<25	5.50	6.00	6.50	7.00	7.50	<25	0.25	0.50	0.75	1.00
25-29	6.60	7.20	7.80	8.40	9.00	25-29	0.30	0.60	0.90	1.20
30-34	8.80	9.60	10.40	11.20	12.00	30-34	0.40	0.80	1.20	1.60
35-39	9.90	10.80	11.70	12.60	13.50	35-39	0.45	0.90	1.35	1.80
40-44	11.00	12.00	13.00	14.00	15.00	40-44	0.50	1.00	1.50	2.00
45-49	17.60	19.20	20.80	22.40	24.00	45-49	0.80	1.60	2.40	3.20
50-54	27.50	30.00	32.50	35.00	37.50	50-54	1.25	2.50	3.75	5.00
55-59	48.40	52.80	57.20	61.60	66.00	55-59	2.20	4.40	6.60	8.80
60-64	74.80	81.60	88.40	95.20	102.00	60-64	3.40	6.80	10.20	13.60
65-69	145.20	158.40	171.60	184.80	198.00	65-69	6.60	13.20	19.80	26.40
70-74	248.60	271.20	293.80	316.40	339.00	70-74	11.30	22.60	33.90	45.20
75+	411.40	448.80	486.20	523.60	561.00	75+	18.70	37.40	56.10	74.80

DEPENDENT CHILDREN:	\$1.60	One premium provides \$10,000 of coverage for each eligible child.
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This Benefit Highlights Sheet is an overview of the Insurance being offered. It is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all the provisions, terms, conditions, limitations, and exclusions of your insurance coverage. In the event of any difference between this Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

For more information, contact the UND HR & Payroll Services office at brandi.byrne@und.edu or 701-777-2158.



LIFE INSURANCE DESIGNATION OF BENEFICIARY
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 53855 (Rev. 07-2021)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

PART A MEMBER INFORMATION

Policy Number
67389-7

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Effective Date	

PART B DESIGNATION OF BENEFICIARY

Primary Beneficiary(ies) If person enter Last, First, Middle	Relationship	Gender	Social Security Number	Birth Date	% Share	Address
Total must equal 100%						
Contingent/Secondary Beneficiary(ies) If person enter Last, First, Middle	Relationship	Gender	Social Security Number	Birth Date	% Share	Address
Total must equal 100%						

PART C MEMBER AUTHORIZATION

I understand that this election revokes any previous life insurance beneficiary designations. I have read and understand the terms and conditions listed on page two (2) of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

Member's Signature (Electronic Signatures will <u>not</u> be accepted)	Date
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Part A Member Information

Enter your name, NDPERS ID number, date of birth, last four digits of your Social Security Number, marital status, and effective date of change.

Part B Designation of Beneficiary

1. Use full legal name. (Example: "Anna May Smith," not Mrs. John Smith")
2. A member may designate contingent beneficiary(ies) who will receive benefits if the primary beneficiary(ies) predecease member.
3. If more than one person in a class (primary or contingent beneficiary) is named, members of that class will share equally in the benefits unless specific shares are designated. The total number of shares must equal 100 percent. The benefit will be distributed as directed by the designation. If a named beneficiary does not survive, the beneficiary's share will be distributed among any surviving beneficiaries, in the same proportion as the initial shares.
4. To file a death claim, a certified copy of the Death Certificate must be provided to NDPERS to process the claim.
5. Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established, or as allowed by law.
6. If an estate is named, specify whose estate such as: "Estate of the Insured." Full name and address of the executor must be included.

TRUSTEE DESIGNATION:

1. Trustee under the last will and testament of the insured, or his/her successors in trust, PROVIDED, HOWEVER, that if no claim is made by the Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing the trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
2. "The _____ Trust Company, trustee under written trust agreement date (month, date, year) _____, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability." Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

Part C Member Authorization

You must sign and date this section for this form to be valid.



STATE LIFE INSURANCE RATES

Term Life Insurance

Underwritten by **VOYA**

- **Basic Life** - \$12,000 (employer paid).
- **Employee Supplemental** - Up to \$300,000 without medical approval in \$5,000 increments within 31 days of hire date. **Coverage over \$300,000 (maximum of \$600,000) must be medically approved.** Coverage includes the \$12,000 basic. All coverage must be medically approved after 31 days of employment.
- **Spouse Supplemental** - Up to \$100,000 without medical approval. Spouse coverage is limited to 50% of total employee supplemental. **Coverage over \$100,000 (maximum of \$300,000) must be medically approved within 31 days of hire.**
Employee supplemental and dependent coverage are required. All coverage must be medically approved after 31 days of employment.
- **Dependent** - \$2,000, \$5,000, \$7,000 or \$10,000 - (covers spouse and unmarried children from birth but less than 26 years of age). **Employee supplemental is required.**
- **If both husband and wife are UND employees** - Dependents and spouse may be insured by both members.

Monthly Rates				
Employee Age	Employee / Spouse: Rate is based on employee's age	Dependent		
	Per \$1,000 coverage	Spouse	Children	Rate
Under 25	0.02 / 0.02	\$2,000	\$2,000	.20 per month
25-29	0.02 / 0.02	\$5,000	\$5,000	.50 per month
30-34	0.04 / 0.04	\$7,000	\$7,000	.70 per month
35-39	0.06 / 0.06	\$10,000	\$10,000	\$1.00 per month
40-44	0.08 / 0.08	Dependent rate is not age based. It is a flat rate per month no matter how many dependents you are covering.		
45-49	0.09 / 0.10			
50-54	0.15 / 0.16			
55-59	0.30 / 0.32			
60-64	0.47 / 0.50			
65-69	0.92 / 0.98			
70+	1.52 / 1.60			

Upon termination of employment Voya will send the employee information to continue the coverage.



PREVIOUS RETIREMENT PARTICIPATION VERIFICATION of
NDPERS, NDTFFR OR TIAA

Form with fields: Name, Last Four SSN, Daytime Phone, Current Date of Hire

Employees shall be given credit for the years of service during which they accrued employer-sponsored retirement benefits under the North Dakota Public Employees Retirement System, North Dakota Teachers' Fund for Retirement, and/or as part of an employer matched TIAA. Credit for TIAA years of service shall also include credit at other institutions, including out-of-state institutions, provided employee has a current TIAA contract (i.e., was not repurchased). These plans do not qualify if you withdrew funds from the employer-sponsored plan or if they were plans with employee contributions only, such as supplemental 403b or 457b.

Please indicate the plan you participated in previously, follow those instructions and complete the signature. If eligible, credit for prior service will start on the next possible payroll after receipt of this form.

[] TIAA: please forward this form to your prior employer for verification of funds in the account.

- If yes, was any of the previous service from UND: Yes ___ No ___

[] NDPERS Retirement or [] NDTFFR: please return this form to the UND HR/Payroll Office.

[] None

I authorize NDPERS, NDTFFR, my prior employer, or TIAA to release my retirement account information for purposes relating to membership and benefits determination to UND. (One form to each employer)

Employee Signature

Date

Prior Employer:

I hereby certify the employee named above, participated in one of the following employer sponsored plans:

- [] TIAA [] NDPERS [] NDTFFR

Employer contributions were made from:

to (MM/DD/YY) to (MM/DD/YY)

Funds are: [] Intact [] Disbursed

Signature of Representative

Name of Educational Institution

Printed Name

Phone Number

Title

Fax or email

TIAA ONLINE ENROLLMENT

Instructions for enrollment in the University of North Dakota TIAA retirement program.

BE READY WITH YOUR:

- **Investment Options**
Go to: www.tiaa.org/ndus EXPLORE
-**One Decision** – Allocate 100% of your investment to a TIAA Lifecycle Fund
-**Build Your Own Portfolio** – Indicate the percentage of your contribution you want allocated to each fund/account you choose.
- **Social Security number**
- **Beneficiary's Social Security number (optional), birth date and address**

TO ENROLL ONLINE:

Log in to www.tiaa.org/ndus and click "READY TO ENROLL"

- Click on the link for the plan you want to enroll in. **New employees choose 401(a).**
- Follow the on-screen directions to complete your enrollment application.

NOTE: Information throughout the enrollment process is available to help guide to the allocation choices that are right for you.

Retirement contributions to the 401(a) plan are as follows:

<u>Years of Service</u>	<u>Employee Contribution</u>	<u>Employer Contribution</u>
0-2	3.5% of salary	7.5% of salary
3-10	4.5% of salary	12.5% of salary (Assoc. and Full Prof. begin at 3-10 rate)
10+	5.0% of salary	13% of salary

There is no need to choose the rate of contribution, this will happen automatically.

The University of North Dakota also has the following Supplemental Plans available through TIAA:

403(b) Tax-Deferred Annuity Plan *You may access these funds at age 59 ½, whether you are currently employed at UND or not.* There is also a Roth option available for this plan.

457(b) Retirement Plan *There is no access to these funds while currently employed at UND.*

- If enrolling in a supplemental plan a Salary Reduction Agreement is needed.
- You can obtain this form at: [salary-reduction-agreement-6-2018.pdf \(und.edu\)](http://salary-reduction-agreement-6-2018.pdf(und.edu))
- Please complete the form and return it to the Payroll Office.

HELP IS READY FOR YOU

If you need assistance with enrolling online, call TIAA at **800-842-2273**, Monday through Friday, from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET). You will be guided through the online enrollment process.

Any withdrawals you make from your account may be subject to ordinary income tax and an additional 10% federal tax may apply if you make a withdrawal prior to age 59 ½. There are risks when investing in securities, including Lifecycle Funds. Read the prospectus before making any investment choices.

You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877 518-9161 or go to tiaa.org for a prospectus that contains this and other information. Please read the prospectus carefully before investing. TIAA Individual & Institutional Services, LLC and Teachers Personal Investors Services, Inc., members FINRA, provide advisory services and distribute securities products. TIAA (Teachers Insurance and Annuity Association), New York, NY issues annuities. FINANCIAL SERVICES FOR THE GREATER GOOD is a registered trademark of Teachers Insurance and Annuity Association.