

PCA GROUP TERM LIFE ENROLLMENT FORM (MetLife Group Policy 109944-1-G; PCA Retirement & Benefits, Inc.)

SECTION TO BE COMPLETED BY EMPLOYER

Name of PCA Employer: _____		Billing Contact Name: _____	
Address Street _____		Billing Contact Phone No: _____	
City _____	State _____	Zip Code _____	

SECTION TO BE COMPLETED BY EMPLOYEE

Name (print) First Middle Last	Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address Street City State Zip Code		
Date of Hire (at current employer)	PCA Ordination Date (if applicable)	PCA Presbytery (if applicable)
Date of Birth (Mo./Day/Yr.)	Salary (if requesting Optional Life or VAD&D)	Job Title
E-mail Address		Phone No. (include area code)

Reason for Enrollment:

- New Coverage  
  Change in Coverage Amount Requested  
  Change in Enrollment Other Than Coverage Amount

I request the following PCA Life Insurance coverage. All full-time (30 hours per week or more) PCA ministers or lay employees of a PCA church or related organization are eligible to participate (see third page for descriptions):

Employee

- Basic Life (required).  
 Standard Life (supplemental).  
 Optional Life (supplemental). Amount requested: \$ \_\_\_\_\_  
 You may elect a multiple of \$10,000 from a minimum of \$20,000 up to a maximum of the lesser of 5x Basic Annual Earnings or \$250,000.  
 Voluntary Accidental Death & Dismemberment (VAD&D). Amount requested: \$ \_\_\_\_\_  
 You may elect a multiple of \$10,000 up to a maximum of the lesser of 10x Basic Annual Earnings or \$500,000.  
 Employee Only    Employee + Dependents.

Dependent Life

- Spouse\* Amount requested: \$ \_\_\_\_\_  
 You may elect a multiple of \$5,000 up to 50% of your amount or \$50,000 whichever is less.  
 Child(ren)\*  
 Dependent children ages 15 days to 19 years old or to 23 years old if child is a full time student.  
 \$1,000    \$2,000    \$3,000    \$4,000    \$5,000    \$6,000    \$7,000    \$8,000    \$9,000    \$10,000

\*Amounts will be subject to state limits, if applicable.

Please complete pages 1 and 2, returning both pages to:

PCA Group Insurance  
 PCA Retirement & Benefits, Inc.  
 1700 North Brown Road, Suite 106  
 Lawrenceville, GA 30043

You may scan and email to: [rbi@pcanet.org](mailto:rbi@pcanet.org)

Or, you may fax to: 678-825-1261

PCA-RBI Office use only	Participant ID:	Reviewed By:
Org ID:		

**NAMES AND SIGNATURES**

If applying for Dependent Life (Spouse and Child), complete section below:

Number of dependents (including spouse) \_\_\_\_\_

Name of Spouse (Last, First, MI)	Date of Birth	State of Birth	Country of Birth	Sex (M/F)
Name(s) of Child(ren) (Last, First, MI)	Date of Birth	State of Birth	Sex (M/F)	Is child a full-time student?
				Yes
				Yes
				Yes
				Yes

**BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE (Dependent Insurance is Payable to the Employee)**

The Employee signing below names the following person(s) as primary beneficiary(ies) for any MetLife payment upon his or her death. For any other type of beneficiary, please use a beneficiary designation form available from your employer. The Employee understands that he or she has the right to change this designation at any time.

Primary Beneficiary Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Mo./Day/Yr.)	Addr. (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

If the Primary Beneficiary(ies) die before me, I designate as Contingent Beneficiary(ies):

Contingent Beneficiary Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Mo./Day/Yr.)	Addr. (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

Signature(s): The employee must sign in all cases. Each person signing below acknowledges that they have read and understand the statements and declarations made in this enrollment form.

<input checked="" type="checkbox"/>		
Employee Signature	Print Name	Date Signed (Mo./Day/Yr.)

Proposed Insured(s) if other than employee and at least 18 years of age:

<input checked="" type="checkbox"/>		
Other Signature	Print Name	Date Signed (Mo./Day/Yr.)
<input checked="" type="checkbox"/>		
Other Signature	Print Name	Date Signed (Mo./Day/Yr.)

**DESCRIPTIONS AND RATES THROUGH 12-31-2009**

<b>Basic Life / Basic AD&amp;D rate for class one certificates: \$2.08 per EE per month</b>			
<b>Basic Life (Employee)</b> Offered to PCA pastors and lay church employees working for PCA churches. Enrollment is required in order to participate in any other PCA life insurance product. The coverage provides a death benefit for active employees and includes an equal Accidental Death & Dismemberment benefit. See certificate for more information.	<b>Age of Active Employee</b>	<b>Basic Death Benefit</b>	<b>Basic AD&amp;D Benefit</b>
	18 – 64	\$10,000	\$10,000
	65 – 69	\$6,500	\$6,500
	71 – 74	\$5,000	\$3,500
	75 – 79	\$3,500	\$3,500
	80 and over	\$2,000	\$2,000
	Retirees (PCA TEs only)	\$5,000	NA

<b>Standard Life rate for class one certificates \$20.00 per EE per month</b>		
<b>Standard Life (Employee)</b> Offered to PCA pastors and lay church employees enrolled in Basic Life. The coverage provides a descending amount of benefit (based on age) and terminates at retirement (schedule at right). See certificate for more information.	<b>Age of Active Employee</b>	<b>Death Benefit</b>
	49 and under	\$250,000
	50 – 54	\$150,000
	55 – 59	\$100,000
	60 – 64	\$60,000
	65 – 69	\$38,000
	70 – 74	\$30,000
	75 – 79	\$21,000
	80 and over	\$15,000

<b>Optional Life rates for class one certificates See rates based on age below</b>			
<b>Optional Life &amp; Dependent Life (Employee, spouse and/or child)</b> Offered to PCA pastors and lay church employees enrolled in Basic Life. The rates and coverage vary based on age and amounts selected. The employee must elect Optional Life coverage in order to access Dependent Life coverage for spouse or child. See certificate for more information.  <u>Age Reduction Schedule</u> (applies to the active employee only): Age 65 – 65% Age 70 and over – 50%	<b>Age on January 1 of each year</b>	<b>Employee (active) Monthly rate</b>	<b>Spouse Monthly rate</b>
	29 and under	\$0.08 per \$1000	\$0.07 per \$1000
	30 – 34	\$0.10 per \$1000	\$0.07 per \$1000
	35 – 39	\$0.11 per \$1000	\$0.07 per \$1000
	40 – 44	\$0.17 per \$1000	\$0.11 per \$1000
	45 – 49	\$0.26 per \$1000	\$0.18 per \$1000
	50 – 54	\$0.44 per \$1000	\$0.26 per \$1000
	55 – 59	\$0.74 per \$1000	\$0.42 per \$1000
	60 – 64	\$1.01 per \$1000	\$0.65 per \$1000
	65 – 69	\$1.55 per \$1000	\$1.23 per \$1000
	70 – 74	\$2.37 per \$1000	\$1.99 per \$1000
	75 and over	\$3.64 per \$1000	\$3.06 per \$1000
	Child(ren)	\$0.15 per \$1000	

<b>Voluntary Accidental Death &amp; Dismemberment rates See rates based on classification below</b>		
<b>VAD&amp;D</b> You may elect coverage for yourself, your spouse and eligible child(ren). This insurance provides an added layer of protection in the event of an accidental death or injury. <b>Spouse &amp; Child coverage</b> • Spouse— 40% of your coverage • Child(ren) — 10% of your coverage <b>Spouse only</b> • Spouse — 50% of your coverage <b>Child(ren) only</b> • Child(ren) — 15% of your coverage	<b>Employee</b>	<b>Monthly Cost Per \$1000 Coverage</b> \$0.025
	<b>Employee + Spouse + Child</b>	\$0.040