

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 (employer paid, 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
 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.

x		
Employee Signature	Print Name	Date Signed (Mo./Day/Yr.)

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

x		
Other Signature	Print Name	Date Signed (Mo./Day/Yr.)
x		
Other Signature	Print Name	Date Signed (Mo./Day/Yr.)

DESCRIPTIONS AND RATES THROUGH 12-31-2010

Basic Life / Basic AD&D rate for class one certificates: \$0.244 per \$1000 of benefit per Employee per month			
Basic Life (Employee) 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.	Age of Active Employee	Basic Death Benefit	Basic AD&D Benefit
	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

Standard Life rate for class one certificates \$20.00 per EE per month		
Standard Life (Employee) 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.	Age of Active Employee	Death Benefit
	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	

Optional Life rates for class one certificates See rates based on age below			
Optional Life & Dependent Life (Employee, spouse and/or child) 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%	Age on January 1 of each year	Employee (active) Monthly rate	Spouse Monthly rate
	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	

Voluntary Accidental Death & Dismemberment rates See rates based on classification below		
VAD&D 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. Spouse & Child coverage • Spouse— 40% of your coverage • Child(ren) — 10% of your coverage Spouse only • Spouse — 50% of your coverage Child(ren) only • Child(ren) — 15% of your coverage	Employee	Monthly Cost Per \$1000 Coverage \$0.025
	Employee + Spouse + Child	\$0.040