



**STATE OF VERMONT
EMPLOYEE REQUEST FOR PAYROLL DEDUCTION
LIFE INSURANCE COVERAGE**

I hereby request the following action(s) for payroll deductions and authorize the Commissioner of Human Resources to withhold from my salary each pay period an amount appropriate to cover my participation in the life insurance plan. This request will become effective with the first payday following the close of the pay period in which I am determined eligible, and will remain in effect until such time as I become ineligible or notify you in writing to cancel my deductions.

<hr/> EMPLOYEE NAME PRINT CLEARLY (Last, first, Middle Initial)	<hr/> EMPLOYEE NUMBER
<hr/> EMPLOYEE SIGNATURE	<hr/> DATE
State Employee Group Life Insurance Plan (Check action being requested): <input type="checkbox"/> BEGIN <input type="checkbox"/> CANCEL	

IMPORTANT INFORMATION

- **The State of Vermont's Life Insurance Plan is administered by Minnesota Life Insurance Company**

- **The amount of life insurance for an insured employee is an amount equal to two times annual salary rounded to the next lower \$100, but not less than \$20,000. The employee's contribution is 25% of the premium cost.**

- **Once your enrollment form is processed, you will receive a Life Insurance Group Certificate which contains detailed information regarding this plan.**

- **You will also receive instructions directly from Minnesota Life Insurance Company on how to designate your beneficiary, either online or by filling out form. Minnesota Life Insurance Company maintains all beneficiary information electronically.**

- **If you are a new employee, you have 60 days from your date of hire to enroll for life insurance coverage without having to provide Medical Evidence of Insurability.**

- **If you enroll for life insurance later than 60 days from your date of hire, you must complete a Medical Evidence of Insurability form. The form will be sent to Minnesota Life Insurance Company who will make the determination on your eligibility for coverage.**

For questions, please contact the Employee Benefits Unit at (802) 828-6700, option 1, option 3.

Please send form to:

**Department of Human Resources
Employee Benefits Unit
120 State Street
Montpelier, VT 05620-2505
Fax: (802) 828-5489
Email: DHR.Benefits@vermont.gov**