



VOLUNTARY BENEFITS 2018 ENROLLMENT

ACCIDENT INSURANCE
CRITICAL ILLNESS INSURANCE
LEGAL INSURANCE

Name: _____
Employee ID#: _____
Location: _____
Date of Hire: _____
Occupation: _____

Please complete the appropriate section(s) below for desired coverage. Be sure to sign the back of the form and return it to your HRBP by November 14, 2017. Coverage is effective 1/1/2018.

INTERESTED IN PET INSURANCE?

Premiums for pet insurance vary based on your state and type and number of animals insured. Please contact Nationwide at 877-738-7874 or go online to www.petinsurance.com/coorstek for a quote and to enroll. Premiums will be deducted from your paycheck each pay period.

LEGAL INSURANCE

Legal insurance provides you and your eligible dependents with affordable, reliable legal coverage. Please check the box below to indicate if coverage is desired. Coverage is available at one flat rate. Premium shown per pay period.

Employee (includes family) \$8.00

If enrolling yourself or an eligible dependent in Accident Insurance or Critical Illness Insurance, you must provide the below information:

Employee Name and/or Dependent Name	Relationship	Gender M/F	Social Security #	Date of Birth	Accident Insurance	Critical Illness Insurance
	Self					
	Spouse					
	Child					
	Child					
	Child					

ACCIDENT INSURANCE

Accident insurance pays you a cash benefit for covered accidents and related services and treatment. Please check the box below to indicate the desired coverage level. Premiums shown per pay period.

- Employee Only \$3.18
- Employee + Spouse \$5.00
- Employee + Child(ren) \$5.25
- Employee + Family \$8.27

CRITICAL ILLNESS INSURANCE

Critical illness insurance pays you a lump sum cash benefit if you are diagnosed with a specific, covered critical illness. You may purchase a benefit for yourself for \$10,000, \$20,000 or \$30,000. You may purchase a benefit for your spouse for 50% of the lump sum coverage you elect for yourself. You may purchase a benefit of \$5,000 for your child(ren).

Please check the box below to indicate desired benefit amount. Indicate if you also want to cover your spouse and/or your child(ren). Use the rate table below to determine your monthly premium. Use your age as of 1/1/2018.

Employee Benefit Amount \$10,000 \$20,000 \$30,000

Coverage Level (Tier) Desired

Employee Only Employee + Spouse Employee + Child(ren) Employee + Family

Employee Monthly Premium \$ _____

VOLUNTARY CRITICAL ILLNESS INSURANCE													
Monthly Premium Amount													
Benefit Amount	Coverage Tier	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$2.82	\$3.80	\$4.38	\$5.52	\$7.67	\$11.77	\$16.20	\$21.59	\$29.71	\$40.57	\$54.38	\$70.12
	Employee & Spouse	\$4.60	\$6.07	\$6.97	\$8.68	\$12.00	\$18.36	\$25.21	\$33.57	\$46.08	\$62.76	\$84.00	\$107.88
	Employee & Child(ren)	\$4.67	\$5.54	\$5.94	\$6.97	\$9.03	\$13.11	\$17.51	\$22.90	\$31.00	\$41.86	\$55.67	\$71.41
	Employee & Family	\$6.76	\$8.11	\$8.79	\$10.38	\$13.59	\$19.92	\$26.74	\$35.10	\$47.59	\$64.27	\$85.51	\$109.39
\$20,000	Employee Only	\$4.73	\$6.61	\$7.75	\$10.01	\$14.26	\$22.39	\$31.23	\$42.02	\$58.25	\$79.96	\$107.59	\$139.07
	Employee & Spouse	\$7.41	\$10.23	\$11.96	\$15.35	\$21.84	\$34.42	\$48.11	\$64.82	\$89.83	\$123.18	\$165.66	\$213.43
	Employee & Child(ren)	\$6.59	\$8.36	\$9.31	\$11.47	\$15.62	\$23.73	\$32.54	\$43.33	\$59.54	\$81.26	\$108.88	\$140.36
	Employee & Family	\$9.58	\$12.26	\$13.78	\$17.04	\$23.43	\$35.98	\$49.64	\$66.34	\$91.34	\$124.69	\$167.17	\$214.94
\$30,000	Employee Only	\$6.64	\$9.43	\$11.12	\$14.51	\$20.84	\$33.01	\$46.27	\$62.45	\$86.78	\$119.36	\$160.79	\$208.01
	Employee & Spouse	\$10.23	\$14.38	\$16.94	\$22.01	\$31.69	\$50.48	\$71.01	\$96.06	\$133.58	\$183.60	\$247.32	\$318.98
	Employee & Child(ren)	\$8.50	\$11.18	\$12.68	\$15.96	\$22.20	\$34.35	\$47.58	\$63.75	\$88.08	\$120.66	\$162.09	\$209.31
	Employee & Family	\$12.39	\$16.42	\$18.76	\$23.71	\$33.27	\$52.04	\$72.54	\$97.59	\$135.09	\$185.11	\$248.83	\$320.49

CERTIFICATION - SIGNATURE REQUIRED

I authorize CoorsTek to establish the benefits that I select and to deduct from my pay any amounts necessary to pay for my benefit elections or any subsequent enrollments or change in my benefits. If I do not work enough hours to cover my premium payments each payroll, I agree to write a personal check for the balance owed and submit it to Human Resources within five days. I understand that the benefits I elect will remain in effect until December 31, 2018, as long as I remain a regular, full-time employee of CoorsTek, unless these plans terminate or change earlier. If I make changes to my coverage due to a qualified Change in Family Status, I must notify HR within 30 days of the event. I understand that I am responsible for providing accurate information about me and my dependents.

X

Employee Signature

Date