



Sumner County Board of Education

695 East Main Street Gallatin, TN 37066

(615) 451-5214 †Fax: (615) 442-8262 †Benefits Portal sumnerschools.org/benefits

Email: benefits@sumnerschools.org

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Section D: Employee Spouse Child (Voluntary Term Life and AD&D)

Voluntary Term Life Insurance I elect to: Enroll Decline coverage for: Spouse Child(ren)

Requested coverage amount:

Spouse _____

Child is set at benefit of \$10,000

*Employee must be enrolled in Voluntary Term Life to elect/enroll Child and/or Spouse in Voluntary Term Life Insurance

Coverage Amounts

Spouse Guaranteed Issue amount is up to \$50,000. Spouse can receive up to 100% of employee amount in increments of \$5,000. Not to exceed \$500,000

Child Guaranteed Issue amount is \$10,000. Not to exceed \$10,000.

AD&D Benefit Schedule The full benefit amount is paid for loss of: / L I P R W K K D Q G V R U E R W K I H
One hand and one foot 2 Q H K D Q G V R W K H 2 Q H I R R W D Q G W K H V L J K W R I R Q
Speech and hearing Additional Benefits Accelerated Benefit : D L Y H U R I 3 U L H P L 3 O P D Q Q L Q J) L Q D
Resources Portability/Conversion (G X F D W L R S) at Bell Air Bag Benefit 5 H S D W U L D W L R Q

Section E: Beneficiary Designation (Basic & Voluntary Life)

Primary Beneficiary _____ Last First MI SSN#: - - - Date of Birth: ___/___/___

Relationship: _____ % _____ Address: _____

Primary Beneficiary _____ Last First MI SSN#: - - - Date of Birth: ___/___/___

Relationship: _____ % _____ Address: _____

Contingent Beneficiary _____ Last First MI SN#: S - - Date of Birth: ___/___/___

Relationship: _____ % _____ Address: _____

Contingent Beneficiary _____ Last First MI SSN#: - - - Date of Birth: ___/___/___

Relationship: _____ % _____