

Voluntary Supplemental Benefits for 2023 Benefit Year
(Circle one option for each benefit)

Review the *2023 Voluntary Supplemental Benefits and Group Life Premiums* sheet for rates.

Supplemental Life Insurance(circle one)

\$10,000 \$50,000 \$100,000 \$200,000* \$300,000* None Selected

Supplemental Critical Illness (circle one)

\$15,000/employee only \$15,000/employee & spouse
\$15,000/employee & children \$15,000/employee & family
\$30,000/employee only \$30,000/employee & spouse
\$30,000/employee & children \$30,000/employee & family
None Selected

Supplemental Accidental Death & Dismemberment (AD&D) (circle one)

Employee Only Employee and Family None Selected

SHORT-TERM DISABILITY (Plan A) (circle one)

60% of base salary None Selected

LONG-TERM DISABILITY (Plans B & C) (circle one)

Plan B (50% of base salary) Plan C (70% of base salary) None Selected

*Statement of Health (SOH) is required for \$200,000 and \$300,000. If electing any level of Supplemental Life Insurance outside the initial 30-days of hire, SOH is required for any level of coverage

Phone & Email: _____ Last 4 SSN: _____

Print Name: _____ Date of birth: _____

Employer: _____

Signature: _____ Date: _____

Voluntary Supplemental Benefits for 2022 Benefit Year

Member Name: _____

Date of birth: _____

Dependent information:

1) Name: _____

Relationship: _____

Date of birth: _____

2) Name: _____

Relationship: _____

Date of birth: _____

3) Name: _____

Relationship: _____

Date of birth: _____

4) Name: _____

Relationship: _____

Date of birth: _____

5) Name: _____

Relationship: _____



Beneficiary Designation

Voluntary Supplemental Benefits (VSB)

Life and AD&D

FOR OFFICE USE ONLY



Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

This form allows you to designate a person or institution as your primary and contingent beneficiaries for life insurance and AD&D benefits as a participant of SBS-AP. It is important to include all of the information requested below, including a Social Security number for an individual or taxpayer identification number (TIN) for an institution. You may change your beneficiaries in the future by completing a new *Beneficiary Designation – Voluntary Supplemental Benefits (VSB) Life and AD&D* form (ben083). Please print clearly in ink and return the original form to the Alaska Division of Retirement and Benefits at the address above.

SECTION I: MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST)		RIN OR LAST FOUR OF SSN	
MAILING ADDRESS (STREET OR P.O. BOX)			
CITY		STATE	ZIP+4
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			DATE OF MARRIAGE

SECTION II: PRIMARY BENEFICIARY DESIGNATION

	FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION	ADDRESS, CITY, STATE, ZIP+4	RELATIONSHIP TO MEMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER (OR TIN)	% OF BENEFIT
1.						
2.						
3.						
4.						

SECTION III: SECONDARY BENEFICIARY DESIGNATION (Will only receive benefits if all primary beneficiaries are deceased.)

	FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION	ADDRESS, CITY, STATE, ZIP+4	RELATIONSHIP TO MEMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER (OR TIN)	% OF BENEFIT
1.						
2.						
3.						
4.						

SECTION IV: SIGNATURE

On this form, I have made my beneficiary designations for Voluntary Supplemental Benefits. I have read the instructions and understand that this form supersedes and revokes all prior designations and will become effective only when it is received by the Alaska Division of Retirement and Benefits.

SIGNATURE	DATE
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Beneficiary Designation Instructions and Information

Whom Can You Name as Beneficiary?

You can choose:

- A living person.
- An institution.
- Your estate.
- A trust.
- Any combination of these options.

Primary Versus Secondary Beneficiaries

- Primary beneficiaries are “first in line” to receive benefits in the event of your death. All primary beneficiaries share equally, unless otherwise noted on the form.
- Secondary beneficiaries only receive benefits in the event all primary beneficiaries die before or simultaneously with the member. All secondary beneficiaries share equally, unless otherwise noted on the form.

Information to Provide

Each time you complete a new form, it is important you provide the full legal name, address, relationship, date of birth and Social Security number of each individual person (or taxpayer identification number (TIN) of each institution) you designate. You must also designate whether the beneficiary is primary or secondary. Each piece of information helps ensure the named beneficiary is located and the proper person or institution receives the correct distribution.

Designating an Institution as Beneficiary

To name an institution (charity, church, etc.), please provide all of the information requested in Parts 2 and/or 3.

Designating a Trust as Beneficiary

To designate a trust as beneficiary, you should provide the name of the trust and the date the trust was created in the space provided for naming a beneficiary. Please also provide a copy of the Memorandum of Trust with your beneficiary designation.

Designating a Minor as Beneficiary

A minor can be named as your beneficiary. When no custodian has been named, and the amount the minor will receive is more than \$5,000, payment is guided by the Alaska Uniform Transfers to Minors Act. The Alaska Uniform Transfers to Minors Act AS 13.46.010-999 permits transfers of property and money to a person nominated as a custodian for a minor. The custodian must obtain a conservatorship prior to payment of the funds. This is true even if the custodian is the parent or legal guardian of the minor.

Naming Additional Beneficiaries

If you need to name more beneficiaries than space allows on this form, use an *Additional Beneficiary Designation* page. This page must be received with your completed Beneficiary Designation form to be valid. You can download an additional page at Alaska.gov/drb or contact the Division to receive one by mail.

NOTICE

BENEFICIARY REVOCATION BY DISSOLUTION, DIVORCE, OR ANNULMENT:

AS 13.12.804 provides that a dissolution, divorce, or annulment, as it relates to beneficiary designations:

- **Revokes any revocable “disposition or appointment of property,” made to a former spouse.**
- **Revokes the beneficiary designation of a former spouse’s family member(s).**

Each time you complete a beneficiary form, it cancels all prior beneficiary designations with the Division for these death benefits. Your designations do not become effective until this form is signed and received in the Division office.

For more information, please contact the Member Services Contact Center toll-free at (800) 821-2251, in Juneau at (907) 465-4460 from 8:30 a.m. to 4 p.m. Monday-Thursday and 8:30 a.m. to 3 p.m. Friday Alaska Time. You may also contact customer service representatives by email at doa.drb.mscc@alaska.gov.

When you have completed and signed this form, please return the original form to the Division at:

Alaska Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

If you are completing this form because you recently divorced, please send a complete court-certified copy of your divorce or dissolution documents to the Division.



Active State of Alaska Basic/Select Life and AD&D

FOR OFFICE USE ONLY

Enrollment / Change of Beneficiary Designation

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

SECTION I. MEMBER INFORMATION

THIS FORM IS SUBMITTED FOR (check all that apply):

- BASIC LIFE BENEFICIARY DESIGNATION/CHANGE (CHECK BOTH BASIC AND SELECT LIFE IF SAME BENEFICIARY)
- SELECT LIFE BENEFICIARY CHANGE CANCELLATION OF SELECT LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)
- SELECT LIFE ENROLLMENT (CHECK ONE)
 - Within 30 days of hire During the annual open enrollment
 - Within 30 days of a change in marital or family status due to such events as marriage, divorce, death, birth or adoption of a child.

Type of Event _____ Date of Event _____

EMPLOYEE NAME		RIN OR LAST FOUR OF SSN	
DATE OF HIRE	DEPARTMENT		
DATE OF BIRTH	TELEPHONE NUMBER	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
_____ initial	I wish to purchase Select Life and AD&D Insurance in an amount equal to my annual salary (\$60,000 or \$100,000 maximum, depending on your bargaining unit). I understand this is in addition to the Basic Life and AD&D Insurance coverage provided by the State of Alaska. I authorize the appropriate payroll deduction from my earnings each month for the cost of this coverage. I reserve the right to discontinue this coverage by submitting a written notice to the Division of Retirement and Benefits at any time.		
_____ initial	I wish to cancel my Select Life and AD&D Insurance Coverage.		

SECTION II. PRIMARY BENEFICIARY DESIGNATION

	FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION	ADDRESS, CITY, STATE, ZIP+4	RELATIONSHIP TO MEMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER (OR TIN)	% OF BENEFIT
1.						
2.						
3.						
4.						

SECTION III. SECONDARY BENEFICIARY DESIGNATION (will only receive benefits if all primary beneficiaries are deceased.)

	FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION	ADDRESS, CITY, STATE, ZIP+4	RELATIONSHIP TO MEMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER (OR TIN)	% OF BENEFIT
1.						
2.						
3.						
4.						

On this form, I have made my beneficiary designations for member Basic/Select Life and Accidental Death & Dismemberment Insurance. I have read the instructions and understand that this form supersedes and revokes all prior designations and will become effective only when it is received by the Alaska Division of Retirement and Benefits.

SIGNATURE	DATE
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Beneficiary Designation Instructions and Information

Basic Life and AD&D Insurance

The State of Alaska provides Basic Life and Accidental Death and Dismemberment (AD&D) Insurance free of charge to permanent and long-term nonpermanent, full-time, and seasonal employees and their families. The benefit pays \$2,000 (or \$10,000 depending on your bargaining unit) to your beneficiaries in the event of your death, plus an additional \$5,000 if your death is accidental. Benefits are also available if you are dismembered by accidental causes or if your spouse or child dies.

Permanent or long-term nonpermanent part-time employees who want to participate in Basic Life must elect coverage within the first 31 consecutive calendar days of employment. They must also be enrolled in a State Group Health Plan. Part-time employees pay one-half of the health and life premium cost. Part-time employees who do not enroll within the first 31 days of employment may apply for coverage, subject to approval by the insurance carriers.

For more detailed information, please refer to the Division website at Alaska.gov/drb.

Select Life and AD&D Insurance

You may choose to enroll in Select Life. The amount of Select Life available to you is equal to your annual income rounded to the next highest \$1,000. The maximum available is \$60,000 (\$100,000 for Supervisory and Confidential Unit employees). Premiums are employee-paid and are post tax. The plan pays double the face value if your death is accidental. This plan does not cover your dependents.

You may enroll in Select Life Insurance within 30 consecutive calendar days from the date you were hired as a permanent or long-term nonpermanent employee. If you do not enroll within that time, you may enroll during the annual open enrollment period or within 30 days of a qualified status change.

For more detailed information, please refer to the Division website at Alaska.gov/drb.

Whom Can You Name as Beneficiary?

You can choose:

- A living person.
- An institution.
- Your estate.
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- Any combination of these options.

Primary Versus Secondary Beneficiaries

- Primary beneficiaries are “first in line” to receive benefits in the event of your death. All primary beneficiaries share equally, unless otherwise noted on the form.
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Information to Provide

Each time you complete a new form, it is important you provide the full legal name, address, relationship, date of birth and Social Security number of each individual person (or taxpayer identification number (TIN) of each institution) you designate. If you need to name more beneficiaries than space allows on this form, use an additional beneficiary designation page.

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Designating a Minor as Beneficiary

A minor can be named as your beneficiary. When no guardian has been named, and the amount the minor will receive is more than \$5,000, payment is guided by the Alaska Uniform Transfers to Minors Act. The Alaska Uniform Transfers to Minors Act, Alaska Statute 13.46.010-999, permits transfers of property and money to a person court-appointed as a guardian for a minor. The custodian must obtain a guardianship prior to payment of the funds. This is true even if the custodian is the parent or legal guardian of the minor.

NOTICE

BENEFICIARY REVOCATION BY DISSOLUTION, DIVORCE, OR ANNULMENT:

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- Revokes any revocable “disposition or appointment of property,” made to a former spouse.
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When you have completed and signed this form, please return the original to the Division at the address on the front of this form.

If you are completing this form because you recently divorced, please send a complete court-certified copy of your divorce or dissolution documents to the Division.

State of Alaska

2023 Voluntary Supplemental Benefits and Group Life Premiums

The monthly employee premiums for each option are listed below. The total premium cost for the options you select will be withheld from your salary each month. The monthly employee premiums will be split. Since most of these premiums will be deducted before taxes are calculated, your taxable income is reduced.

The premiums on this sheet are effective 1/1/2023.

SUPPLEMENTAL CRITICAL ILLNESS					
Age	Tiers				Rate Basis (multiple by \$15,000 or \$30,000)
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children	
<25	\$ 0.19	\$ 0.33	\$ 0.36	\$ 0.50	Per \$1,000 per month
25-29	0.21	0.35	0.37	0.52	Per \$1,000 per month
30-34	0.29	0.48	0.45	0.64	Per \$1,000 per month
35-39	0.41	0.67	0.58	0.84	Per \$1,000 per month
40-44	0.63	1.00	0.79	1.17	Per \$1,000 per month
45-49	0.95	1.50	1.12	1.66	Per \$1,000 per month
50-54	1.39	2.17	1.55	2.33	Per \$1,000 per month
55-59	1.95	3.05	2.12	3.21	Per \$1,000 per month
60-64	2.82	4.40	2.99	4.57	Per \$1,000 per month
65-69	4.27	6.65	4.44	6.81	Per \$1,000 per month
70+	6.49	10.04	6.66	10.21	Per \$1,000 per month

Example with \$15,000 of coverage:

A 24-year-old who elects Employee and Spouse (\$0.33) at \$15,000 has a premium of \$4.95 monthly.

Example with \$30,000 of coverage:

A 24-year-old who elects Employee and Spouse (\$0.33) at \$30,000 has a premium of \$9.90 monthly.

SELECT LIFE AND AD&D	
Age	Monthly Cost per \$1,000
Under 30	\$ 0.04
30-39	0.05
40-44	0.08
45-49	0.12
50-54	0.18
55-59	0.27
60-64	0.39
65-69	0.57
70-74	1.25
75+	1.58

SUPPLEMENTAL LIFE	
Age	Monthly Cost per \$1,000
Under 30	\$ 0.03
30-39	0.03
40-44	0.06
45-49	0.09
50-54	0.14
55-59	0.22
60-64	0.31
65-69	0.49
70-74	0.99
75+	1.58

To determine your monthly premium, find your age as of January 1, 2023, the amount of insurance elected, and the corresponding premium on the chart.

To determine your monthly premium, find your age as of January 1, 2023, the amount of insurance elected, and the corresponding premium on the chart.

Evidence of Insurability is required for \$200,000 and \$300,000.

ACCIDENTAL DEATH & DISMEMBERMENT	
Option	Monthly Cost
Employee Only	\$ 1.50
Employee and Family	2.30

Your monthly premium is based on whom you elect to cover: you, or you and your family.

SHORT-TERM DISABILITY	
Who Is Covered	Monthly Cost
Employee	\$ 3.06

Covers 60% of your monthly gross pay, up to a maximum of \$577/week. Every employee who elects this benefit pays the same premium.

LONG-TERM DISABILITY		
Age	Premium per \$100 of Wage	
	Plan B (50%)	Plan C (70%)
Under 25	\$ 0.20	\$ 0.46
25-29	0.21	0.46
30-34	0.21	0.47
35-39	0.22	0.48
40-44	0.22	0.51
45-49	0.25	0.54
50-54	0.26	0.60
55-59	0.30	0.65
60-64	0.31	0.65
65-69	0.31	0.68
70+	0.39	0.82

To determine your monthly premium, divide your monthly wage by 100 and multiply the result by the monthly premium for your age group.

Example:

If your gross pay is \$2,000 monthly and you are 54, the cost for Plan B is \$5.20 per month ($2,000 \div 100 = 20 \times \$0.26 = \$5.20$).

Premiums are determined by your pay of record on October 1 for the benefit year beginning on the first day of the following January.