

Master Ancillary Application



WEEKLY WORKSHEET (24 PAY PERIODS)

03/01/2019 - 02/28/2020

You must complete enrollment forms whether accepting or declining coverage and return it to Human Resources.

Dental Insurance (MetLife) Please place a check next to your selection and Weekly Payroll Deduction Below or indicate Decline

Tier:	PPO 1:	PPO 2:	DMHO*
Employee Only	<input type="checkbox"/> \$19.62	<input type="checkbox"/> \$13.82	<input type="checkbox"/> \$7.98
Employee and Spouse	<input type="checkbox"/> \$40.32	<input type="checkbox"/> \$28.68	<input type="checkbox"/> \$13.98
Employee and Child(ren)	<input type="checkbox"/> \$45.10	<input type="checkbox"/> \$30.06	<input type="checkbox"/> \$16.78
Family	<input type="checkbox"/> \$70.54	<input type="checkbox"/> \$47.94	<input type="checkbox"/> \$23.56
<input type="checkbox"/> DECLINE dental coverage	Reason for not taking coverage?		

Vision (MetLife) Please place a check next to your selection and Weekly Payroll Deduction Below or indicate Decline

Tier:	PPO 12/12/12:
Employee Only	<input type="checkbox"/> \$4.28
Employee and Spouse	<input type="checkbox"/> \$6.66
Employee and Child(ren)	<input type="checkbox"/> \$7.02
Family	<input type="checkbox"/> \$10.32
<input type="checkbox"/> DECLINE vision coverage	Reason for not taking coverage?

Voluntary (MetLife) Refer to pricing sheets for Payroll Deduction Figures

Tier:	Benefit Amount:	Payroll Deduction:	Decline:
Employee			<input type="checkbox"/>
Spouse			<input type="checkbox"/>
Child(ren)			<input type="checkbox"/>
Primary Beneficiary:			
Secondary Beneficiary:			

ADMINISTRATION

Employee Signature: _____

HR Authorization: _____

Date: _____ Coverage Effective Date: _____

Master Ancillary Application



Employee Information

Last Name:	First Name:	MI:
Social Security Number:	Date of Birth:	Gender:
Date of Hire:		
Home Mailing Address:		
City:	State:	Zip:

Family Information

Name:	Social Security Number:	Gender:	Date of Birth:
Spouse:			
Child:			
Child:			
Child:			
Child:			
Child:			

Dental PCP (Only needed if selecting the DHMO)*

Name:	Dentist's Name:	Dental Office ID #:
Employee:		
Spouse:		
Child:		
Child:		
Child:		
Child:		
Child:		

INSTRUCTIONS ON HOW TO SEARCH FOR DENTAL PCP'S ONLINE

- www.MetLife.com
- Select "I want to find a MetLife Dentist"
- Enter Zip, City or State
- Select your network, choose "Dental HMO/Managed Care"
- Select "Submit"
- Which is Your Plan?, choose "Met245" and select "Go"
- Input the dentist's name and Dental office ID on your application

MatrixOneSource Supplemental Life Insurance - Employee 24 Week Payroll Deduction - Rates Guaranteed Through 02/28/2021



Employee Age Brackets	Rate per 1000	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 25	0.056	0.0280000	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
25 to 29	0.056	0.0280000	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
30 to 34	0.063	0.0315000	\$0.32	\$0.63	\$0.95	\$1.26	\$1.58	\$1.89	\$2.21	\$2.52	\$2.84	\$3.15
35 to 39	0.082	0.0410000	\$0.41	\$0.82	\$1.23	\$1.64	\$2.05	\$2.46	\$2.87	\$3.28	\$3.69	\$4.10
40 to 44	0.117	0.0585000	\$0.59	\$1.17	\$1.76	\$2.34	\$2.93	\$3.51	\$4.10	\$4.68	\$5.27	\$5.85
45 to 49	0.180	0.0900000	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
50 to 54	0.290	0.1450000	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$13.05	\$14.50
55 to 59	0.448	0.2240000	\$2.24	\$4.48	\$6.72	\$8.96	\$11.20	\$13.44	\$15.68	\$17.92	\$20.16	\$22.40
60 to 64	0.687	0.3435000	\$3.44	\$6.87	\$10.31	\$13.74	\$17.18	\$20.61	\$24.05	\$27.48	\$30.92	\$34.35
65 to 70	1.161	0.5805000	\$5.81	\$11.61	\$17.42	\$23.22	\$29.03	\$34.83	\$40.64	\$46.44	\$52.25	\$58.05
70 & Over	2.188	1.0940000	\$10.94	\$21.88	\$32.82	\$43.76	\$54.70	\$65.64	\$76.58	\$87.52	\$98.46	\$109.40
Employee Age Brackets	Rate per 1000	\$1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 25	0.056	0.0280000	\$3.08	\$3.36	\$3.64	\$3.92	\$4.20	\$4.48	\$4.76	\$5.04	\$5.32	\$5.60
25 to 29	0.056	0.0280000	\$3.08	\$3.36	\$3.64	\$3.92	\$4.20	\$4.48	\$4.76	\$5.04	\$5.32	\$5.60
30 to 34	0.063	0.0315000	\$3.47	\$3.78	\$4.10	\$4.41	\$4.73	\$5.04	\$5.36	\$5.67	\$5.99	\$6.30
35 to 39	0.082	0.0410000	\$4.51	\$4.92	\$5.33	\$5.74	\$6.15	\$6.56	\$6.97	\$7.38	\$7.79	\$8.20
40 to 44	0.117	0.0585000	\$6.44	\$7.02	\$7.61	\$8.19	\$8.78	\$9.36	\$9.95	\$10.53	\$11.12	\$11.70
45 to 49	0.180	0.0900000	\$9.90	\$10.80	\$11.70	\$12.60	\$13.50	\$14.40	\$15.30	\$16.20	\$17.10	\$18.00
50 to 54	0.290	0.1450000	\$15.95	\$17.40	\$18.85	\$20.30	\$21.75	\$14.40	\$24.65	\$26.10	\$27.55	\$29.00
55 to 59	0.448	0.2240000	\$24.64	\$26.88	\$29.12	\$31.36	\$33.60	\$35.84	\$38.08	\$40.32	\$42.56	\$44.80
60 to 64	0.687	0.3435000	\$37.79	\$41.22	\$44.66	\$48.09	\$51.53	\$54.96	\$58.40	\$61.83	\$65.27	\$68.70
65 to 70	1.161	0.5805000	\$63.86	\$69.66	\$75.47	\$81.27	\$87.08	\$92.88	\$98.69	\$104.49	\$110.30	\$116.10
70 & Over	2.188	1.0940000	\$120.34	\$131.28	\$142.22	\$153.16	\$164.10	\$175.04	\$185.98	\$196.92	\$207.86	\$218.80

MatrixOneSource Supplemental Life Insurance - Employee 24 Week Payroll Deduction - Rates Guaranteed Through 02/28/2021



Employee Age Brackets	Rate per 1000	\$1,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Under 25	0.056	0.0280000	\$5.88	\$6.16	\$6.44	\$6.72	\$7.00	\$7.28	\$7.56	\$7.84	\$8.12	\$8.40
25 to 29	0.056	0.0280000	\$5.88	\$6.16	\$6.44	\$6.72	\$7.00	\$7.28	\$7.56	\$7.84	\$8.12	\$8.40
30 to 34	0.063	0.0315000	\$6.62	\$6.93	\$7.25	\$7.56	\$7.88	\$8.19	\$8.51	\$8.82	\$9.14	\$9.45
35 to 39	0.082	0.0410000	\$8.61	\$9.02	\$9.43	\$9.84	\$10.25	\$10.66	\$11.07	\$11.48	\$11.89	\$12.30
40 to 44	0.117	0.0585000	\$12.29	\$12.87	\$13.46	\$14.04	\$14.63	\$15.21	\$15.80	\$16.38	\$16.97	\$17.55
45 to 49	0.180	0.0900000	\$18.90	\$19.80	\$20.70	\$21.60	\$22.50	\$23.40	\$24.30	\$25.20	\$26.10	\$27.00
50 to 54	0.290	0.1450000	\$30.45	\$31.90	\$33.35	\$34.80	\$36.25	\$37.70	\$39.15	\$40.60	\$42.05	\$43.50
55 to 59	0.448	0.2240000	\$47.04	\$49.28	\$51.52	\$53.76	\$56.00	\$58.24	\$60.48	\$62.72	\$64.96	\$67.20
60 to 64	0.687	0.3435000	\$72.14	\$75.57	\$79.01	\$82.44	\$85.88	\$89.31	\$92.75	\$96.18	\$99.62	\$103.05
65 to 70	1.161	0.5805000	\$121.91	\$127.71	\$133.52	\$139.32	\$145.13	\$150.93	\$156.74	\$162.54	\$168.35	\$174.15
70 & Over	2.188	1.0940000	\$229.74	\$240.68	\$251.62	\$262.56	\$273.50	\$284.44	\$295.38	\$306.32	\$317.26	\$328.20
Employee Age Brackets	Rate per 1000	\$1,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
Under 25	0.056	0.0280000	\$8.68	\$8.96	\$9.24	\$9.52	\$9.80	\$10.08	\$10.36	\$10.64	\$10.92	\$11.20
25 to 29	0.056	0.0280000	\$8.68	\$8.96	\$9.24	\$9.52	\$9.80	\$10.08	\$10.36	\$10.64	\$10.92	\$11.20
30 to 34	0.063	0.0315000	\$9.77	\$10.08	\$10.40	\$10.71	\$11.03	\$11.34	\$11.66	\$11.97	\$12.29	\$12.60
35 to 39	0.082	0.0410000	\$12.71	\$13.12	\$13.53	\$13.94	\$14.35	\$14.76	\$15.17	\$15.58	\$15.99	\$16.40
40 to 44	0.117	0.0585000	\$18.14	\$18.72	\$19.31	\$19.89	\$20.48	\$21.06	\$21.65	\$22.23	\$22.82	\$23.40
45 to 49	0.180	0.0900000	\$27.90	\$28.80	\$29.70	\$30.60	\$31.50	\$32.40	\$33.30	\$34.20	\$35.10	\$36.00
50 to 54	0.290	0.1450000	\$44.95	\$46.40	\$47.85	\$49.30	\$50.75	\$52.20	\$53.65	\$55.10	\$56.55	\$58.00
55 to 59	0.448	0.2240000	\$69.44	\$71.68	\$73.92	\$76.16	\$78.40	\$80.64	\$82.88	\$85.12	\$87.36	\$89.60
60 to 64	0.687	0.3435000	\$106.49	\$109.92	\$113.36	\$116.79	\$120.23	\$123.66	\$127.10	\$130.53	\$133.97	\$137.40
65 to 70	1.161	0.5805000	\$179.96	\$185.76	\$191.57	\$197.37	\$203.17	\$208.98	\$214.79	\$220.59	\$226.40	\$232.20
70 & Over	2.188	1.0940000	\$339.14	\$350.08	\$361.02	\$371.96	\$382.90	\$393.84	\$404.78	\$415.72	\$426.66	\$437.60

MatrixOneSource Supplemental Life Insurance - Employee 24 Week Payroll Deduction - Rates Guaranteed Through 02/28/2021



Employee Age Brackets	Rate per 1000	\$1,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Under 25	0.056	0.0280000	\$11.48	\$11.76	\$12.04	\$12.32	\$12.60	\$12.88	\$13.16	\$13.44	\$13.72	\$14.00
25 to 29	0.056	0.0280000	\$11.48	\$11.76	\$12.04	\$12.32	\$12.60	\$12.88	\$13.16	\$13.44	\$13.72	\$14.00
30 to 34	0.063	0.0315000	\$12.92	\$13.23	\$13.55	\$13.86	\$14.18	\$14.49	\$14.81	\$15.12	\$15.44	\$15.75
35 to 39	0.082	0.0410000	\$16.81	\$17.22	\$17.63	\$18.04	\$18.45	\$18.86	\$19.27	\$19.68	\$20.09	\$20.50
40 to 44	0.117	0.0585000	\$23.99	\$24.57	\$25.16	\$25.74	\$26.33	\$26.91	\$27.50	\$28.08	\$28.67	\$29.25
45 to 49	0.180	0.0900000	\$36.90	\$37.80	\$38.70	\$39.60	\$40.50	\$41.40	\$42.30	\$43.20	\$44.10	\$45.00
50 to 54	0.290	0.1450000	\$59.45	\$60.90	\$62.35	\$63.80	\$65.25	\$66.70	\$68.15	\$69.60	\$71.05	\$72.50
55 to 59	0.448	0.2240000	\$91.84	\$94.08	\$96.32	\$98.56	\$100.80	\$103.04	\$105.28	\$107.52	\$109.76	\$112.00
60 to 64	0.687	0.3435000	\$140.84	\$144.27	\$147.71	\$151.14	\$154.58	\$158.01	\$161.45	\$164.88	\$168.32	\$171.75
65 to 70	1.161	0.5805000	\$238.01	\$243.81	\$249.62	\$255.42	\$261.23	\$267.03	\$272.84	\$278.64	\$284.45	\$290.25
70 & Over	2.188	1.0940000	\$448.54	\$459.48	\$470.42	\$481.36	\$492.30	\$503.24	\$514.18	\$525.12	\$536.06	\$547.00

Supplemental Life Insurance coverage is provided under a group insurance policy (Policy Form G.2130-S OR Policy Form GPN-P99) issued to your employer by MetLife. Supplemental Life coverage terminates when your employment ceases, when your Optional Life contributions cease, or upon termination of the group contract by your employer upon prior written notice to MetLife. Optional Life Insurance does not provide payments of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate or payment of increased benefits for death caused by suicide within two years (one year in North Dakota) of an increase in coverage(except in Missouri and Washington). This coverage may also be discontinued by MetLife for non-payment of premium or if participation requirements are not met.

The cost for Supplemental Accidental Death & Dismemberment Coverage is [\$0.025] per thousand of coverage.

MatrixOneSource Dependent Spouse Life Insurance - Employee 24 Week Payroll Deduction - Rates Guaranteed Through 02/28/2021



Employee Age Brackets	Rate per 1000	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 25	0.056	0.0280000	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
25 to 29	0.056	0.0280000	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
30 to 34	0.063	0.0315000	\$0.32	\$0.63	\$0.95	\$1.26	\$1.58	\$1.89	\$2.21	\$2.52	\$2.84	\$3.15
35 to 39	0.082	0.0410000	\$0.41	\$0.82	\$1.23	\$1.64	\$2.05	\$2.46	\$2.87	\$3.28	\$3.69	\$4.10
40 to 44	0.117	0.0585000	\$0.59	\$1.17	\$1.76	\$2.34	\$2.93	\$3.51	\$4.10	\$4.68	\$5.27	\$5.85
45 to 49	0.180	0.0900000	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
50 to 54	0.290	0.1450000	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$13.05	\$14.50
55 to 59	0.448	0.2240000	\$2.24	\$4.48	\$6.72	\$8.96	\$11.20	\$13.44	\$15.68	\$17.92	\$20.16	\$22.40
60 to 64	0.687	0.3435000	\$3.44	\$6.87	\$10.31	\$13.74	\$17.18	\$20.61	\$24.05	\$27.48	\$30.92	\$34.35
65 to 70	1.161	0.5805000	\$5.81	\$11.61	\$17.42	\$23.22	\$29.03	\$34.83	\$40.64	\$46.44	\$52.25	\$58.05
70 & Over	2.188	1.0940000	\$10.94	\$21.88	\$32.82	\$43.76	\$54.70	\$65.64	\$76.58	\$87.52	\$98.46	\$109.40

Dependent Life Insurance coverage is provided under a group insurance policy (Policy Form G.2130-S) OR (Policy Form GPNP99) issued to your employer by MetLife. Dependent Life coverage terminates when the employee's employment ceases, when Dependent Life contributions cease, upon the death of the employee, when a dependent no longer qualifies as a dependent, when a dependent [spouse] reaches age 70, or upon termination of the group contract by your employer upon prior written notice to MetLife. This coverage may also be discontinued by MetLife for non-payment of premium or if participation requirements are not met. Dependent Life insurance does not provide payment of increased benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within the first two years (one year in North Dakota) of an increase in coverage (except in Missouri, Washington and Massachusetts). [For use for NY situs cases only. Spouse coverage can not exceed employee coverage. Child(ren) coverage can not exceed \$25,000 per eligible child.] [For employees residing in Texas, dependent coverage can not exceed employee coverage.]

The cost of child(ren) term life coverage is \$0.195

The cost for Dependent Accidental Death & Dismemberment Coverage for Spouse is [\$0.025] per thousand of coverage and [\$0.055] for children.