



RETIREE LIFE INSURANCE REQUEST FORM

Coeur d'Alene School District #271

PLEASE PRINT

Name of Retiree _____ () Male () Female

Social Security Number _____ Birth date _____

Address _____
(City) (State) (Zip Code)

Amount of Life Insurance (select below) () Administrator - \$11,000 <input checked="" type="radio"/> Other - \$5,500 Dependent Coverage () Yes () No	Monthly Premium: Administrator only	\$43.89
	Administrator & Dependent	\$47.39
	Other only	\$21.95
	Other & Dependent	\$25.45

Dependents Name	Relationship	Date of Birth	Gender

Total Monthly Premium: _____

Date of Retirement _____ Coverage Paid by District through _____
School Number and Address: Coeur d'Alene School District #271, 1400 N. Northwood Center Ct., Coeur d'Alene, ID 83814
Signed-School District Office: _____

NOTE: Eligible Retirees must have Sick Leave Funds available through PERSI

Please pay my group life insurance premium in the total amount shown above until my sick leave entitlement is exhausted. Rates, benefits, and eligibility of continued coverage of retirees are subject to the terms of the Group Policy issued to the School District by United Heritage Life Insurance Company.

The premium is subject to change. If the premium changes, I authorize the deduction of the premium amount. After my sick leave entitlement has been exhausted, I request the Public Employee Retirement System of Idaho to continue my Life Insurance coverage by withholding the required premium from my retirement allowance until otherwise notified in writing. () Yes () No

() I do not wish to continue coverage

Beneficiary Designation (Please furnish name, relationship, and address) _____
(Beneficiary Name)

(Beneficiary Relationship) (Beneficiary Address) (City) (State)(Zip Code)

Retiree Signature _____ Date _____

Approved by United Heritage Life Insurance Company:
Date _____ Signature _____

This form is to be completed and signed by the School District Official, signed by the Retiree, sent to United Heritage Life Insurance Company, PO Box 7777; Meridian, ID 83680, and forwarded by United Heritage to PERSI.

United Heritage Life Insurance Company

A United Heritage Financial Group Company

P.O. Box 7777, Meridian, ID 83680-7777 | (208) 493-6100 Toll Free (800) 657-6351 | unitedheritage.com