

## RCUH Group Life Insurance Change Form (B-5L)

(for Regular, Relief, and Non-Regular benefits-eligible status employees 75% FTE or greater)

**Return form to RCUH Employee Benefits at [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com) by the stated deadline.**

### Section I: Life Insurance Change Request - Changes can only be made at New Hire or Benefits Open Enrollment

The RCUH provides Group Life Insurance benefits to regular employees 75% FTE or more.

#### Effective Date:

#### I elect the following:

Eligible employees will receive a life insurance benefit of two (2) times their annual salary rounded upward to the next higher \$1,000, if not a multiple thereof, not to exceed \$600,000 (default option).

*I have elected not to take advantage of the full life insurance benefit and instead elect (Please note, if you choose to increase your coverage level at any time, you will need to complete a Statement of Health and go through Medical Underwriting process):*

Employee Life Insurance benefit of two (2) times annual salary rounded to the next higher \$1,000 to a maximum of \$200,000.

Employee Life Insurance benefit of two (2) times annual salary rounded to the next higher \$1,000 to a maximum of \$100,000.

Employee Life Insurance benefit of two (2) times annual salary rounded to the next higher \$1,000 to a maximum of \$50,000.

Imputed Income: The Internal Revenue Service (IRS) Code states that any life insurance coverage in excess of \$50,000 provided by an employer, regardless of who pays the premium, is subjected to taxation in accordance with its imputed income tax table. Therefore, coverage values in excess of \$50,000 will be subject to the imputed income tax withholding.

### SECTION II: Employee Certification

I understand that RCUH has provided me the opportunity to enroll in the Group Life Insurance plan (default option: two (2) times my annual salary not to exceed \$600,000) for myself. I further understand that if I wish to switch my election in the future or apply for Group Life Insurance benefits at a later date, I will be required by RCUH Life Insurance Carrier to provide evidence of insurability and be approved prior to any additional coverage.

Employee Signature and Date: \_\_\_\_\_

Questions? Contact RCUH Employee Benefits at [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com)

[Policy 3.540 RCUH Life Insurance](#)