

**DIOCESE OF WINONA-ROCHESTER**  
**SUPPLEMENTAL LIFE INSURANCE**

**Participation and Form Directions**

Administered by Unum Provident

Eligible employees are those who work at least 20 hours a week or at least one-half academic load during the plan year. Temporary employees are not eligible. Employees are insured on the first of the month coincident with or following the date of hire.

**FORM REQUIRED TO ENROLL AN EMPLOYEE:**

**1. Term Life Insurance Enrollment Form E-1**

PURPOSE: To provide information to participate in the supplemental life plan.

The employee should complete the form by completing their own information on the top of the first page. If the employee is enrolling the spouse, the spouse's name and date of birth is needed. Children's names and birth dates are not needed. Put in the amount elected for coverage for employee, spouse and/or child(ren). The amount of coverage will need to be the next higher multiple of \$10,000 for employee, the next higher multiple of \$5,000 for spouse and the next higher multiple of \$2,000 for child. If taking coverage beneficiary information needs to be completed. An employee signature, date and phone number is needed at the bottom of the form.

**2. Evidence of Insurability Form 1143-01MN**

If the employee chooses coverage above the guaranteed amount (over \$200,000 for employee and/or over \$25,000 for spouse), the employee needs to complete the Evidence of Insurability Form (EOI). The employee needs to complete the questionnaire in full to prevent denial of coverage. An online questionnaire is the preferred method of submittal and a link may be obtained by contacting [benefits@dowr.org](mailto:benefits@dowr.org). If the employee completes the paper copy, be sure to have the employee sign and date the form. The evidence of Insurability Form should be sent to the diocese or directly to UNUM at:

Mail: PO Box 9783-5083, Portland, ME 04104

Fax: 207-771-4022

E-mail: [nasateamimageid@unum.com](mailto:nasateamimageid@unum.com)

**3. Term Life Insurance Coverage Highlights E-3**

Each employee should be given the Term Life Insurance Coverage Highlights. A detailed Summary Plan booklet outlining the supplemental life benefit is available on the diocesan website at [www.dowr.org](http://www.dowr.org) in the Human Resources department.

## **FORMS REQUIRED FOR CHANGES TO EXISTING EMPLOYEES:**

### **1. Term Life Insurance Enrollment Form E-1**

PURPOSE: To change beneficiary(s) to receive benefits upon death of policy holder, qualifying event, change employee's name or address.

Employee should complete a new Term Life Insurance Enrollment Form (E-1). Forms should be returned to the Diocese of Winona-Rochester Benefits.

## **FORM REQUIRED TO FILE SUPPLEMENTAL LIFE CLAIMS:**

### **Claim for Life Insurance Benefits**

The employer should contact the diocese and the appropriate claim for benefits form will be provided.

## **TERMINATING EMPLOYEES:**

### **Supplemental Group Life Options for Terminating/Retiring Participants**

PURPOSE: The Diocese of Winona-Rochester's third party vendor, Alerus, informs employees of their rights pertaining to the term supplemental life policy and confirms their decision to elect continued coverage or terminate coverage.