

2025 BENEFIT ELECTIONS CONT'D

G. Basic Life and AD&D and LTD - Employer Paid

AMCO provides all full time employees with a \$20,000 Basic Life and AD&D policy through Guardian. Please designate your beneficiary in **section K**.

H. Voluntary Life and AD&D

Elect/Change - Complete Section Below

No Change

Waive

I wish to change/elect Voluntary Life and AD&D

Employee: \$ _____

Spouse: \$ _____

Child(ren): \$ _____

These guaranteed life insurance limits may apply*

● **Employee:** Up to \$50,000

● **Spouse:** Up to \$10,000

● **Child(ren)** Up to \$10,000

*Please complete an **Evidence of Insurability Form** if applying for amounts over the guaranteed issue limits OR if you previously waived coverage for this plan. Contact Human Resources for this form.

J. DEPENDENT INFORMATION

List all eligible dependents to be enrolled in the plans selected above

Last Name	First Name	Date of Birth <i>mm/dd/yyyy</i>	GENDER	Social Security Number	Relationship
		/ /	M / F		Spouse
		/ /	M / F		Child
		/ /	M / F		Child
		/ /	M / F		Child
		/ /	M / F		Child

● **Do all plan enrollees live at the same address as the employee?** Yes No

If no, list name & address:

K. Beneficiary Designation

Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

PRIMARY BENEFICIARY(IES)

Last Name	First Name	Date of Birth	Relationship	% (total must equal 100%)

CONTINGENT BENEFICIARY(IES)

Last Name	First Name	Date of Birth	Relationship	% (total must equal 100%)

L. Insurance Deduction Agreement

I have read and understand the explanation I have received regarding my options under AMCI Transportation. I understand that my share of the cost of this coverage may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my status. A change in status includes: marriage; divorce; death of a spouse or dependent; birth of a dependent; birth or adoption of a child; change in number of dependents; termination of employment or commencement of employment; a strike or lockout; commencement or return from an unpaid leave of absence; a change in worksite; or any change in employment status that affects eligibility; a change in residence for you, your spouse or children; or your dependents either satisfies or ceases to satisfy requirements for coverage due to change in age, student status, or any similar circumstances; or a change in my or my spouse's employment status. I hereby apply for the options listed above. If necessary, I authorize Sawyer Composite to adjust my pay as required by my elections. I understand that the benefit options I have elected will remain in force until 12/31/2025 unless my family status changes.

Employee Name _____

(Please Print)

Employee Signature _____

Date _____

Questions? Contact your HUB International Account Manger, Sylvia Uranga, at sylvia.uranga@hubinternational.com or call (817) 529-5314