



Log Harvesting Sector Benefits Plan

Optional Life Insurance Request / Refusal Form

Name of Employee: _____

Name of Employer: _____

You may elect additional Life Insurance coverage to supplement the amount of insurance provided under your Basic Life Insurance Plan. Coverage is available in increments of \$10,000 up to a maximum of \$250,000. All amounts of coverage are subject to satisfactory evidence of insurability.

Monthly premium rates are determined by your attained age and sex, on a smoker/non-smoker basis as set out in the following schedule:

Rate per \$10,000

Age	Male Smoker	Male *Non-Smoker	Female Smoker	Female *Non-Smoker
Under 30	0.89	0.56	0.67	0.44
30 – 34	0.89	0.56	0.67	0.44
35 – 39	1.22	0.56	0.89	0.56
40 – 44	1.78	0.89	1.33	0.78
45 – 49	3.22	1.67	2.33	1.33
50 – 54	5.44	2.78	3.67	2.22
55 – 59	9.44	5.11	5.56	3.56
60 – 64	12.33	7.11	6.67	4.56

Request For Optional / Spousal Optional Life Insurance Benefits

I, the undersigned, hereby apply for the following amounts of optional coverage and authorize the necessary payroll deductions for participation in this plan:

Optional Life: \$ _____

Spousal Optional Life: \$ _____

Date: _____

Signature: _____

***Non-Smoker Declaration**

I, the Proposed Insured, declare that I have not smoked a cigarette in the past 12 months. I understand and agree that this declaration shall form part of the application and become part of any policy issued as a result of such application. The company will rely upon the truth of this declaration in issuing this policy. If a misstatement has been made in reference to the Proposed Insured's non-smoking status, no benefit will be payable; all paid premium will be refunded.

Employee: _____ Signature: _____ Date: _____

Spouse: _____ Signature: _____ Date: _____

Refusal of Optional / Spousal Optional Life Insurance Benefits

I, the undersigned, hereby certify that I have been given the opportunity to apply for Optional Life Insurance under the provisions of my employer's Group Insurance Program and, after careful consideration, have decided not to take advantage of this offer.

Date: _____

Signature: _____