

**SCHEDULE OF BENEFITS  
FOR  
NORTH CAROLINA BAR ASSOCIATION GROUP LIFE  
AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

Firm name: \_\_\_\_\_

Firm address: \_\_\_\_\_

**Each firm must choose from the following 2 plans:**

Probationary Period for new employees will match Health Probationary Period.

- PLAN 1** Only employees participating in the health plan will participate in the life plan.  
 **PLAN 2** All employees will participate in the life plan.

**BENEFIT ELECTIONS**

**Firm Basic Life/AD&D Election (Employer paid - \$2.00 per \$10,000 coverage)**

<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$130,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$80,000	<input type="checkbox"/> \$110,000	<input type="checkbox"/> \$140,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$60,000	<input type="checkbox"/> \$90,000	<input type="checkbox"/> \$120,000	<input type="checkbox"/> \$150,000

**Individual Benefit Elections Available (Employee paid)**

**Dependent Life**

- Option 1 \$10,000 Spouse/\$5,000 Child(ren) (**\$3.00 per month**)  
Option 2 \$20,000 Spouse/\$10,000 Child(ren) (**\$6.00 per month**)

**Supplemental Life/AD&D (\$2.00 per \$10,000 coverage)**

Available in units of \$10,000 to a combined maximum of \$150,000 (including Firm Basic Life)

*To elect, each employee should complete Group Enrollment Form*

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date signed: \_\_\_\_\_

Licensed Resident Agent: \_\_\_\_\_ Date signed: \_\_\_\_\_