



**Individual & Family Life Insurance (Policy #32871-G)  
Annual Option to Increase Life Insurance Coverage Form**

The Annual Increase Option (AIO) period (*October 6 – October 31, 2025*) is your opportunity to increase your Individual & Family Life Insurance coverage.

**You must have coverage in force under this plan to participate in the Annual Increase Option period.** To increase your coverage, complete and **return this form to your benefits contact by 4:30 pm on October 31, 2025.**

**Current Coverage Level:** Review your current coverage level by logging into Workday ([myworkday.wisconsin.edu](https://myworkday.wisconsin.edu)). Once in Workday, from the Menu in the upper left go to Personal, then select Benefits and Pay. In the Suggested Links, select *My Insurance Benefits* to access the benefits enrollment system.

**Coverage may be increased by the following amounts:**

- **Employee:** \$5,000, \$10,000, \$15,000 or \$20,000 (Maximum coverage level: **\$300,000**)
- **Spouse or Domestic Partner:** \$5,000 or \$10,000 (Maximum coverage level: **\$150,000**)
- **Child(ren):** \$2,500 (Maximum coverage level: **\$25,000**)

*Your spouse / domestic partner or child coverage cannot exceed your level of employee coverage.*

**The increased coverage level is effective January 1, 2026** (new premium deducted from January earnings).

**Insured Employee Information:**

Employee Name (last, first, middle):	Spouse/Domestic Partner Name (last, first, middle):
Daytime Telephone Number:	Employee ID:

**Elect Coverage Level Increase** (choose one under each coverage level, if applicable):

<i>I want to <b>increase</b> my coverage by the following amount(s):</i>	<input type="checkbox"/> <b>Employee Coverage Level:</b> <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000
	<input type="checkbox"/> <b>Spouse / Domestic Partner Coverage Level:</b> <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
	<input type="checkbox"/> <b>Child(ren) Coverage Level:</b> <input type="checkbox"/> \$2,500

**Signature (Sign here and return completed application to your institution benefits contact):**

I have read the above information and elect to increase my life insurance coverage amount(s) per the amounts checked above. I agree to the provisions of the plan and hereby authorize deduction of the monthly premium from my salary.

Employee Signature	Date (mo/day/yr)
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**Additional Information:**

- Individual & Family Life Insurance Plan information, premiums and forms: [www.wisconsin.edu/ohrwd/benefits/life/if/](https://www.wisconsin.edu/ohrwd/benefits/life/if/)
- Certificate of Insurance: [www.wisconsin.edu/ohrwd/benefits/download/life/if/1&Fcert.pdf](https://www.wisconsin.edu/ohrwd/benefits/download/life/if/1&Fcert.pdf)
- **To decrease or cancel coverage:** Can be done at any time in the benefits enrollment system (My Insurance Benefits).

For Office Use Only					
Date Received:	Received by:	Processor Initials:	Coverage effective date: <b>1/1/2026</b>	Employee ID:	
Current & New Coverage Levels (effective 1/1/2023)					
2025 Coverage Amount	2026 Coverage Amount (NEW)	2025 Coverage Amount	2026 Coverage Amount (NEW)	2025 Coverage Amount	2026 Coverage Amount (NEW)
Employee: \$	\$	Sp/DP: \$	\$	Child: \$	\$

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