

# EMPLOYEE LIFE ENROLLMENT FORM



POLICYHOLDER/EMPLOYER		GROUP #, IF KNOWN	EMPLOYEE SOCIAL SECURITY NUMBER		DATE EMPLOYED
EMPLOYEE'S LAST NAME		FIRST NAME	M.I.	SEX M/F	BIRTHDATE (Mo./Day/Year)
RESIDENCE STREET ADDRESS		CITY	STATE	ZIP	JOB TITLE
SPOUSE'S LAST NAME		FIRST NAME	M.I.	SEX M/F	BIRTHDATE (Mo./Day/Year)
CHILDREN: LAST NAME		FIRST NAME	M.I.	SEX M/F	BIRTHDATE (Mo./Day/Year)
				M/F	
				M/F	
				M/F	
				M/F	

COVERAGES PROVIDED:  LIFE  AD&D  DEPENDENT LIFE

BASIC AMOUNT \$ \_\_\_\_\_ SUPPLEMENTAL AMOUNT \$ \_\_\_\_\_

NAME OF BENEFICIARY	RELATIONSHIP (See below for completion instructions)

I apply for coverage under my employer's Group Insurance Plan. I authorize deductions from my wages to cover my contribution, if required, toward the costs of my insurance.

**Fraud Notice - The following general Fraud Notice is intended to comply with the laws of your state. If any part of such language is found in conflict, such language shall be construed as amended to the extent necessary in order to meet the minimum requirements of your state. Any person who, knowingly and with intent to defraud or deceive any insurance company, files an application containing any materially false, incomplete or misleading information may be guilty of committing a fraudulent insurance act which is a crime and may be subject to criminal prosecution.**

SIGNATURE OF EMPLOYEE	DATE

This card should be given to, and retained by, your employer.

**SUGGESTED BENEFICIARY DESIGNATIONS**

If one individual is to be named, use full name — for example, Mary Jane Smith, not Mrs. John H. Smith. If you, as the insured, are a married woman, sign your marital name.

If two individuals are to be named, designate as follows: *Mary Jane Smith, wife, and Dorothy Smith, daughter, or the survivors, in equal shares, or the survivor.*

If three individuals are to be named, designate as follows: *Mary Jane Smith, wife, and Dorothy Smith, daughter, and James Smith, son, or the survivors, in equal shares, or the survivor.*

If all children of a marriage are to be named secondary beneficiaries, designate them collectively as follows: *Mary Jane Smith, wife, if living, otherwise the then surviving children, if any, born of insured's marriage with said wife, in equal shares.* (This designation will include children born later without the necessity of changing the designation.)