

# EMPLOYEE LIFE ENROLLMENT FORM



POLICYHOLDER/EMPLOYER		EMPLOYEE SOCIAL SECURITY NUMBER		DATE EMPLOYED
EMPLOYEE'S LAST NAME	FIRST NAME	M.I.	SEX M/F	BIRTHDATE (Mo./Day/Year)
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)

COVERAGES PROVIDED:  LIFE  AD&D  DEPENDENT LIFE

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

NAME OF <b>BENEFICIARY</b>	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.

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.)