



PLEASE PRINT OR TYPE

Please refer to your Administration Kit for enrollment and mailing instructions

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE / FAMILY INFORMATION

Form fields for employee information including Employer/Policyholder, Employee Name, Home Address, Gender, Occupation, Date of Birth, Age, PAYROLL TYPE, Average Hours Worked, Date of Hire, Spouse, etc.

You Must Have Basic Coverage to Elect Voluntary Coverage | You Must Have Voluntary Coverage to Elect Dependent Coverage

Table for selecting coverage options: BASIC (LIFE & AD&D) and VOLUNTARY (LIFE & AD&D, SPOUSE, DEPENDENT LIFE: CHILD(REN)).

Name of Your Beneficiary(ies) for Life and/or AD&D Benefits: (Total Percentage of Benefit must equal 100%) List Additional Beneficiaries on separate sheet

Table for listing beneficiaries with columns for Primary/Contingent Beneficiary, Residential Address, Date of Birth, Social Security #, Tel. #, Relationship, and % of Benefit.

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary.

ACCEPTANCE OF INSURANCE - Employee Signature Required

Signature section containing a declaration of insurance acceptance and fields for Signature of Employee and Date.

REFUSAL OF INSURANCE

Refusal section including Employee Name, Employee/Policyholder, Group No., and checkboxes for Basic Life & AD&D, Voluntary Life & AD&D, and Dependent Life.