

GROUP LIFE INSURANCE FORM



EMPLOYEE NAME (Please Print)			
Last: _____		First: _____ M.I.: _____	
Date of Hire: _____	Date of Birth: _____	Social Security #: _____	
Employer Paid Basic Life Insurance is \$25,000			Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single

SUPPLEMENTAL LIFE	BENEFICIARY INFORMATION			
<input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X <input type="checkbox"/> \$100,000 (GI -Guaranteed Issue Amount) <input type="checkbox"/> Decline * Eligible employees may elect 1x, 2x, 3x, 4x, or 5x base salary coverage rounded to the next higher multiple of \$1,000, or the GI coverage limit of \$100,000, whichever is lesser, without medical underwriting. Coverage above the GI coverage limit requires medical underwriting.	Last: _____ First: _____ M.I.: _____ Relationship: _____		Primary: _____	Secondary: _____
	Address: _____			
	Last: _____ First: _____ M.I.: _____ Relationship: _____		Primary: _____	Secondary: _____
	Address: _____			
	Last: _____ First: _____ M.I.: _____ Relationship: _____		Primary: _____	Secondary: _____
	Address: _____			

DEPENDENT LIFE				
Flat Amount	Last: _____ First: _____ M.I.: _____ Relationship: _____ Birth Date: _____			
<input type="checkbox"/> \$5,000	Last: _____ First: _____ M.I.: _____ Relationship: _____ Birth Date: _____			
<input type="checkbox"/> \$10,000	Last: _____ First: _____ M.I.: _____ Relationship: _____ Birth Date: _____			
<input type="checkbox"/> \$15,000	Last: _____ First: _____ M.I.: _____ Relationship: _____ Birth Date: _____			
<input type="checkbox"/> Decline	Last: _____ First: _____ M.I.: _____ Relationship: _____ Birth Date: _____			

Group Enrollment Authorization: I hereby authorize my employer to deduct from my pay the amount required to apply toward the cost of benefits provided as elected above. This authorization applies to the Life Plans constituted on hereafter, amended for which I am or may become eligible and shall continue to apply until rescinded by me in writing.

Signature: _____ Date: _____