

## Life and AD&D Insurance Enrollment Form

*INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee. All new coverage or any increases in Life coverage will require evidence of insurability (proof of good health) if plan participation requirements are not met. Any references to coverage being obtained without evidence of insurability in the sections below are only applicable if the plan participation requirements are met.*

<b>Name of Employer/Plan Sponsor</b>		<b>Group/Plan Number</b> 711543	<b>Account Number/Location</b>	
<b>Class/Occupation</b>	<b>Date of Hire (mm/dd/yyyy)</b>	<b>Annual Salary</b>	<b>Employment Status:</b>	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Retired <input type="checkbox"/> Active Part-Time
<b>This change is due to:</b> (check all that apply) <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Late Entrant* <input type="checkbox"/> Change in Coverage Amount <input type="checkbox"/> Other: _____			<b>Effective Date of Coverage or Change:</b>	

\*A late entrant is an individual who is first enrolling for *supplemental or dependent* coverage after the first available opportunity.

### Employee Information

<b>Employee Name (last, first, middle initial)</b>		<b>Date of Birth (mm/dd/yyyy)</b>	<b>Social Security #</b>	<b>Employee I.D. #</b>
<b>Employee Address (street address, city, state, zip code)</b>		<b>Work Phone Number</b>	<b>Home Phone Number</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

### Employee Life Insurance (Subject to a combined basic and supplemental plan maximum of \$1,250,000.)

<b>Basic Life</b>	<input checked="" type="checkbox"/> Employee Only—Elect Coverage (Note: Basic Life insurance is employer provided.)
<b>Supplemental Life</b>	Guaranteed Issue (GI) Limit = \$250,000 or 3 times annual salary, whichever is less. When you are first eligible for supplemental life coverage, you can elect up to the GI Limit without evidence of insurability. Total supplemental life coverage up to \$1,000,000, not to exceed 4 times basic annual earnings is available if you complete an Evidence of Insurability form subject to approval by ReliaStar Life.
<b>Supplemental Life Election</b>	I currently have supplemental life coverage of: \$ _____. I am applying for additional supplemental life coverage of: \$ _____. (\$10,000 increments) Total supplemental life coverage (current plus additional): \$ _____. <input type="checkbox"/> Waive

### Employee Accidental Death & Dismemberment Insurance

<b>Basic AD&amp;D</b>	<input checked="" type="checkbox"/> Employee Only—Elect Coverage (Note: Basic AD&D insurance is employer provided.)
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### Beneficiary Information Designate your beneficiary(ies) below.

<b>Name of Beneficiary (last name, first, middle initial)</b>	<input checked="" type="checkbox"/> <b>Primary</b>	<b>Relationship to Employee</b>	<b>Benefit %</b>
<b>Address</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>

<b>Name of Beneficiary (last name, first, middle initial)</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Relationship to Employee</b>	<b>Benefit %</b>
<b>Address</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>

<b>Name of Beneficiary (last name, first, middle initial)</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Relationship to Employee</b>	<b>Benefit %</b>
<b>Address</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>

**Spouse Life Insurance**

<b>Spouse Life</b>	When you are initially eligible for Spouse coverage, you can elect up to \$50,000 in coverage without evidence of insurability. Total Spouse coverage up to \$150,000 is available if your Spouse completes an Evidence of Insurability form subject to approval by ReliaStar Life. Spouse coverage is limited to 50% of the employee's supplemental life coverage amount.		
<b>Spouse Life Election</b>	<input type="checkbox"/> Elect: \$ _____ (\$5,000 increments) <input type="checkbox"/> Waive		
<b>Spouse Name (First, MI, Last)</b>	<b>DOB</b>	<b>SSN</b>	

Note: The employee is the beneficiary for any Spouse insurance coverage.

**Children Life Insurance**

<b>Children Life</b>	Child coverage is limited to 100% of the employee's coverage amount. Children age live birth to 26 years of age are covered for \$10,000.		
<b>Children Life Election</b>	<input type="checkbox"/> \$10,000 for each eligible child. <input type="checkbox"/> Waive		

	<b>Child Name (First, MI, Last)</b>	<b>DOB</b>	<b>SSN</b>
1			
2			
3			
4			
5			
6			

Note: The employee is the beneficiary for any Children insurance coverage.

**READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW**

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Employee's Signature	Date Signed (mm/dd/yyyy)