

Group Life Insurance Enrollment

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 400 Robert Street North • B1-3102 • St. Paul, Minnesota 55101-2098 • Fax 651-665-7092

GROUP NAME: NAPEBT

POLICY NUMBER: 33585

Employer Name:

Coconino County CCRASD NAIPTA

1. Complete sections A, B, and E.
2. If you are electing coverage on your dependents, complete sections C and/or D.
3. Please send completed form to your local Human Resources office.

A. EMPLOYEE INFORMATION

First name _____ Middle initial _____ Last name _____

Email address _____

Street address		City	State	Zip code
Date of birth	Social Security number	Date of employment		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Annual salary

\$ _____

B. VOLUNTARY COVERAGE OPTIONS (select the coverage types and amounts below)

Voluntary term life (increments of \$10,000 to a maximum of \$500,000, not to exceed 5x salary)
 \$ _____ Waive

Dependent term life
 Spouse coverage (\$5,000 increments to a maximum of \$100,000, or 50% of employee's voluntary amount, whichever is less)
 \$ _____ Waive

Child coverage
 \$10,000 Waive

C. SPOUSE INFORMATION

First name _____ Middle initial _____ Last name _____

Email address _____

Date of birth	Social Security number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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D. CHILDREN INFORMATION - List of names and dates of birth for your eligible children

Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth

E. AUTHORIZATION

I authorize my employer to withdraw premiums from my salary to pay for voluntary insurance coverage.

Employee signature X	Daytime telephone number	Evening telephone number	Date signed
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03-30566

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FOR OFFICE USE ONLY (complete if Evidence of Insurability is required)

ER code: 1 = Coconino County 2 = CCRASD 3 = NAIPTA

Voluntary Life Current coverage \$ _____ Guaranteed issue \$ _____ Total elected \$ _____ Underwritten amt \$ _____	Spouse Life Current coverage \$ _____ Guaranteed issue \$ _____ Total elected \$ _____ Underwritten amt \$ _____	Child Life Current coverage \$ _____ Guaranteed issue \$ _____ Total elected \$ _____ Underwritten amt \$ _____
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