

Group Life Insurance Enrollment

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

MINNESOTA LIFE

EMPLOYER NAME: NAPEBT Coconino Community College

POLICY NUMBER: 33585

1. Complete sections A, B, and E.
2. If you are electing coverage on your dependents, complete sections C and/or D.

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)		<input type="checkbox"/> \$	<input type="checkbox"/> Waive
Dependent term life Spouse coverage (\$5,000 increments to a maximum of \$100,000, or 50% of employee's voluntary amount)		<input type="checkbox"/> \$	<input type="checkbox"/> Waive
Child coverage (\$1,000 increments, minimum \$2,000 to a maximum of \$10,000)		<input type="checkbox"/> \$	<input type="checkbox"/> Waive
Voluntary dependent package <input type="checkbox"/> Spouse coverage \$2,000/child coverage \$1,000			<input type="checkbox"/> 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		

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
Child's name	Date of birth

E. AUTHORIZATION

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

Employee signature X	Daytime telephone number	Evening telephone number	Date signed
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