

# 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  
 Male     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  
 Male     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 \_\_\_\_\_

**E. AUTHORIZATION**

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

Employee signature \_\_\_\_\_ Daytime telephone number \_\_\_\_\_ Evening telephone number \_\_\_\_\_ Date signed \_\_\_\_\_

**X**

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