

Group Life Insurance Enrollment

MINNESOTA LIFE

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

GROUP NAME: NAPEBT

POLICY NUMBER: 33585

Employer Name: Flagstaff Unified School District

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

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 (\$1,000 increments, to a maximum of \$10,000, or 50% of employee's voluntary amount, whichever is less)
 \$ _____ 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

EdF68180-3 5-2008

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

ER code: 5 = Flagstaff Unified School District

| | | |
|---------------------------|---------------------------|---------------------------|
| 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 \$ _____ |