

Group Life Insurance Enrollment

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

MINNESOTA LIFE

EMPLOYER NAME: Washington County Public Schools

POLICY NUMBER: 34085

Return completed and signed form to your Benefits Office.

EMPLOYEE INFORMATION

First name		Middle initial	Last name	
Email address				
Street address		City	State	Zip code
Date of birth	Employee ID	Job title/occupation	Date of employment	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Basic Life and Accidental Death and Dismemberment (AD&D)

Basic Life and AD&D is 1x base annual pay. Please choose the amount of hours you work per week:

- I am working 30 hours per week or more
 I am working at least 15 hours, but less than 30 hours per week

Check with your Benefits Office about Evidence of Insurability requirements for the following additional life insurance/AD&D options.

Supplemental Life

Please choose one of the following options:

- 1x annual base pay 2x annual base pay 3x annual base pay

Supplemental AD&D

You must be working 30 hours per week or more and be participating in Supplemental Life to be eligible for Supplemental AD&D. Please choose one of the following options:

- \$50,000 \$100,000 \$200,000

Dependent Life

Packaged Option:

- Spouse - \$7,500/Child(ren) - \$3,000

SPOUSE INFORMATION

First name		Middle initial	Last name	
Date of birth	Social Security number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

CHILDREN INFORMATION

List of names and dates of birth for your eligible children

AUTHORIZATION

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage.

Any person who knowingly and willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Employee signature X	Daytime telephone number	Evening telephone number	Date signed
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