Group Life Insurance Enrollment Form

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

EMPLOYER NAME: Salt Lake Community College **POLICY NUMBER: 34211/34213**

1. Complete sections A and E
2. If you are electing coverage on your dependents or Voluntary AD&D, complete sections B, C, and/or D
3. Return completed and signed for to Kristi Egbert at Kristi.Egbert@slcc.edu

A. EMPLOYEE INFORMATION

First Name | Middle Initial | Last Name

Email Address | Banner ID

Street Address | City | State | Zip Code

Date of Birth | Social Security Number | Date of Employment | Gender ☐ Male ☐ Female

Total amount of additional insurance requested: (in addition to the 2x the college provides)

☐ 1x salary ☐ 2x salary ☐ 3x salary ☐ 4x salary (requires Evidence of Insurability) ☐ Decline additional insurance

B. SPOUSE/DOMESTIC PARTNER INFORMATION

First Name | Middle Initial | Last Name

Date of Birth | Social Security Number | Gender ☐ Male ☐ Female

Total amount of insurance requested

☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000 ☐ Declined

C. CHILD(REN) INFORMATION

Total amount of insurance requested

☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ Declined

D. VOLUNTARY AD&D (Employee must be enrolled in Voluntary AD&D coverage in order to elect dependent coverage)

Employee ($25,000 increments up to $300,000)

☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000 ☐ $125,000 ☐ $150,000
☐ $175,000 ☐ $200,000 ☐ $225,000 ☐ $250,000 ☐ $275,000 ☐ $300,000 ☐ Declined

Spouse/Domestic Partner ($25,000 increments up to $250,000)
Elected coverage cannot exceed employee's coverage amount

☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000 ☐ $125,000
☐ $150,000 ☐ $175,000 ☐ $200,000 ☐ $225,000 ☐ $250,000 ☐ Declined

Child ($5,000 increments up to $25,000)
Elected coverage cannot exceed employee's coverage amount

☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $25,000 ☐ Declined

E. AUTHORIZATION

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage. Note: Employee is automatically enrolled for 2x base annual earnings, up to a maximum of $500,000 (Basic Coverage).

Employee Signature | Daytime telephone number | Evening telephone number | Date signed

X