

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 <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> 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 X	Daytime telephone number	Evening telephone number	Date signed
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