Group Life Insurance Enrollment

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

MINNESOTA LIFE

EMPLOYER NAME: NAPEBT Coconino Community College **POLICY NUMBER: 33585**

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

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 $100,000, or 50% of employee's voluntary amount)
☐ **$** ☐ Waive

Child coverage ($1,000 increments, minimum $2,000 to a maximum of $10,000)
☐ **$** ☐ Waive

Voluntary dependent package
☐ Spouse coverage $2,000/child coverage $1,000 ☐ 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
Child's name	Date of birth

E. AUTHORIZATION

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

Employee signature
X

Daytime telephone number | Evening telephone number | Date signed