

# Group Accidental Death and Dismemberment Insurance Employee and Family Enrollment

**MINNESOTA LIFE****Minnesota Life Insurance Company** - A Securian Company

400 Robert Street North • 18-3789 • St. Paul, Minnesota 55101-2098

Employer name		Policy number		Unit
Employee name		Social Security number		Date of birth
Street address		City	State	Zip code
Occupation		Employee location		Insurance class
Date employed	Monthly salary \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you actively working at your employer's normal place of business at least _____ hours per week?	
Beneficiary		Relationship		
<input type="checkbox"/> I would like to enroll in the Employee Plan OR <input type="checkbox"/> I would like to enroll in the Family Plan		Total amount of voluntary AD&D insurance requested \$_____ Effective Date:_____		

I understand that Minnesota Life Insurance Company shall incur no liability until the first premium is paid, and that premiums for the contributory insurance will be deducted from my pay.

Applicant's signature <b>X</b>	Daytime telephone number	Date signed
-----------------------------------	--------------------------	-------------

02-30431

EdF83536 7-2015