

# 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<br>Zip code   |
| Occupation   |                      | Employee location   | Insurance class   |
| Date employed  | Monthly salary<br>\$ | <input type="checkbox"/> Yes<br><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<br>OR<br><input type="checkbox"/> I would like to enroll in the Family Plan |                      | Total amount of voluntary AD&D insurance requested<br>\$_____ 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 signature<br><b>X</b> | Daytime telephone number | Date signed |
|---------------------------------|--------------------------|-------------|