

Group Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company
Administered by Ochs, Inc • 400 Robert Street North • 18-3789 • St. Paul, MN 55101-2098
Phone 1-800-392-7295 • Fax 651-665-3791

MINNESOTA LIFE

EMPLOYER NAME:

POLICY NUMBER:

1. Return completed and signed form to
2. Please complete the Group Life Evidence of Insurability form for coverage that is not guaranteed.

A. EMPLOYEE INFORMATION

| | | | | |
|----------------|----------------|--------------------|--------|---|
| First name | Middle initial | Last name | | |
| Email address | | | | |
| Street address | | City | State | Zip code |
| Date of birth | | Date of employment | Salary | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |

B. SPOUSE INFORMATION

Is your spouse also an employee covered under this policy? Yes No

| | | | | |
|---------------|------------------------|-----------|---|--|
| First name | Middle initial | Last name | | |
| Email address | | | Marriage date | |
| Date of birth | Social Security number | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |

C. CHILDREN INFORMATION

List of names and dates of birth for your eligible children:

D. AUTHORIZATION

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage.

| | | | |
|--------------------------------|----------------------|----------------------|-------------|
| Employee signature X | Daytime phone number | Evening phone number | Date signed |
|--------------------------------|----------------------|----------------------|-------------|