

Group Accidental Death and Dismemberment Insurance Employee and Family 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	Unit
Employee name		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?
<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 signature X	Daytime phone number	Date signed
---------------------------------	----------------------	-------------