

Group Universal Life Employee Application

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 Group Customer Service • 400 Robert Street North • St. Paul, Minnesota 55101-2098

EMPLOYER: Wright State University

POLICY NUMBER: 50218

EMPLOYEE'S INFORMATION (employee is the owner of the insurance unless otherwise requested)

Employee name	Date of birth	Social Security number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address	City	State	Zip code
Email address			
Occupation	Date of employment	Annual earnings	Payroll frequency

Yes No On the date you sign this application, are you actively working at your employer's normal place of business at least 20 hours per week?

Primary beneficiary designation (include full name and address)	Relationship	Share % (must total 100%)

Contingent beneficiary designation (include full name and address) <i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>	Relationship	Share % (must total 100%)

INSURANCE INFORMATION

If applying for more than the guaranteed issue amount, you must complete an Evidence of Insurability form.

Amount of elected coverage
 You may choose up to three times your annual earnings, up to \$300,000, of Group Universal Life Insurance. Coverage up to \$200,000 is guaranteed - no health questions required - during initial eligibility. During Annual Enrollment, you may increase your coverage by 1x (up to \$200,000) without answering any health questions.

Waive 1x 2x 3x annual earnings

Amount of monthly contribution to the cash accumulation account

Waive \$

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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