

Group Term Life Insurance Enrollment

MINNESOTA LIFE

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

EMPLOYER NAME: Wright State University

POLICY NUMBER: 33916

1. Complete sections A, B and C.
2. Return completed and signed form to your Human Resources representative.

A. EMPLOYEE INFORMATION

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

You may choose up to three times your annual earnings, up to \$300,000, of voluntary term 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 annual earnings (up to \$200,000) without answering any health questions.

Total amount of voluntary term life insurance requested

- 1x annual earnings 2x annual earnings 3x annual earnings

B. BENEFICIARY INFORMATION (EMPLOYEE IS THE BENEFICIARY OF ANY DEPENDENT COVERAGE)

Primary beneficiary name(s) and address	Relationship	Share % (must total 100%)
Contingent beneficiary name(s) and address (Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.)	Relationship	Share % (must total 100%)

C. AUTHORIZATION

I authorize my employer to withdraw premiums from my salary to pay for voluntary insurance coverage.

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
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