

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
--------------------------------	----------------------	----------------------	-------------

This form requires a wet signature. No digital signatures allowed.