

Group Accidental Death and Dismemberment Insurance Enrollment



Minnesota Life Insurance Company – a Securian Financial company
 Group Customer Service
 400 Robert Street North, St. Paul, MN 55101-2098 • Fax 651-665-4827

EMPLOYER NAME: Kent State University

POLICY NUMBER: 34694

EMPLOYEE INFORMATION

Name (first, middle initial, last) _____ Date of birth _____ Phone number _____

Address (street, city, state, zip) _____

Email address _____ Employee ID _____

Amount of insurance elected (in \$25,000 increments up to a maximum of 5 times salary or \$1,000,000)
 \$ _____

Coverage for
 Employee only Employee and family _____ Date of employment _____

Are you actively working at your employer's normal place of business at least 30 hours per week?
 Yes No

Primary beneficiary(ies) – The person(s) named will receive the proceeds

Beneficiary full name	Date of birth	Address and phone number	Social Security number	Relationship	Share % (must total 100%)

Contingent beneficiary(ies) – If the primary beneficiary(ies) is no longer living, the benefit is paid to the following person(s)

Beneficiary full name	Date of birth	Address and phone number	Social Security number	Relationship	Share % (must total 100%)

SPOUSE INFORMATION (only complete if electing coverage)

Name (first, middle initial, last) _____ Date of birth _____ Phone number _____

Address (street, city, state, zip; check here if same as above) _____ Email address _____

Amount of insurance elected
 40% of employee amount (spouse with children) 50% of employee amount (spouse no children)

Primary beneficiary(ies) – The person(s) named will receive the proceeds

Beneficiary full name	Date of birth	Address and phone number	Social Security number	Relationship	Share % (must total 100%)

Contingent beneficiary(ies) – If the primary beneficiary(ies) is no longer living, the benefit is paid to the following person(s)

Beneficiary full name	Date of birth	Address and phone number	Social Security number	Relationship	Share % (must total 100%)

Securian Financial is the marketing name for Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company.

CHILDREN INFORMATION (only complete if electing coverage)

Name (first, middle initial, last)	Date of birth	Total amount of insurance requested <input type="checkbox"/> 5% of employee amount (each child with spouse) <input type="checkbox"/> 10% of employee amount (each child no spouse)
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AUTHORIZATION

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. Any person who, with intent to defraud or knowing that he 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	Employee name (please print)	Date signed
Spouse signature X	Spouse name (please print)	Date signed