

Group Term Life 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: 34693

EMPLOYEE INFORMATION

Name (first, middle initial, last)		Date of birth	Social Security number
Address (street, city, state, zip)			
Email address			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of employment	Annual salary	Payroll frequency <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-weekly <input type="checkbox"/> monthly	
Are you actively working at your employer's normal place of business at least 30 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total amount of insurance requested (up to a maximum of 5 times salary or \$1,000,000) <input type="checkbox"/> 1 x <input type="checkbox"/> 2 x <input type="checkbox"/> 3 x <input type="checkbox"/> 4 x <input type="checkbox"/> 5 x salary			
If request is due to a family status change, indicate date of change			

BENEFICIARY INFORMATION (Employee is the beneficiary of any dependent coverage)

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	Social Security number
Address (street, city, state, zip; check here if same as above <input type="checkbox"/>)		
Email address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Total amount of insurance requested (in \$10,000 increments up to a maximum of \$250,000) \$		

⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒

Please sign page 2 ⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒

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"/> \$10,000
------------------------------------	---------------	--

AUTHORIZATION

I authorize my employer to withdraw premiums from my salary to pay for this insurance coverage. Any person who, with intent to defraud or knowing that he/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	Phone number	Date signed
--------------------------------	--------------	-------------