## Group Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company

## EMPLOYER NAME: Southwestern Ohio District- Church of Nazarene POLICY NUMBER: 30708

1. Return completed and signed form to your benefits office.
2. Please complete the Group Life Evidence of Insurability form for coverage that is not guaranteed.

| A. EMPLOYEE INFORMATION |  |  |  |
| :--- | :--- | :--- | :--- |
| First name |  |  |  |
| Email address | Middle initial Last name |  |  |
| Street address | City |  |  |
| Date of birth | Social security number | Date of employment | Salary |

Basic Life Amount \$ $\qquad$ Effective Date: $\qquad$

Dependent Life ( $\$ 10,000$ spouse $/ \$ 5,000$ child) $\qquad$ ElectCancel Effective Date: $\qquad$


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.
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 | Daytime phone number | Evening phone number | Date signed |
| :--- | :--- | :--- | :--- |
| $\mathbf{X}$ |  |  |  |

