

Group Term Life Enrollment and Service Request

Minnesota Life Insurance Company - A Securian Company
 Group Administration Department
 400 Robert Street North • St. Paul, MN 55101-2098 • Phone 1-888-826-2734 • Fax 651-665-4827

MINNESOTA LIFE

EMPLOYER NAME: ARBenefits Life

POLICY NUMBER: 33432/33553

Agency Name: _____

Agency Code: _____

A. EMPLOYEE INFORMATION

Employee's full name (please print)

Date of birth	Social Security number	Contract #	Date of employment
---------------	------------------------	------------	--------------------

B. INSURANCE AMOUNT

- Basic Term Life and AD&D: Decline/cancel \$ 10,000
- Expanded Basic Term Life and AD&D: Decline/cancel \$ _____ (\$1,000 increments to \$40,000)
- Supplemental Term Life and AD&D: Decline/cancel \$ _____ (\$1,000 increments to \$250,000)
- Spouse Term Life: Decline/cancel \$ _____ (\$1,000 increments to \$50,000)
- Child Term Life: Decline/cancel \$ _____ (\$1,000 increments to \$50,000)

C. DEPENDENT INFORMATION

Spouse name	Spouse Social Security number	Spouse date of birth
Children's names		Children's dates of birth

D. FAMILY EVENT

Note if election/change is due to:

- Marriage/Divorce _____ Please provide a copy of the marriage license/divorce decree
Date of event
- Birth/Adoption _____
Date of event

E. 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 (<i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>)	Relationship	Share % (must total 100%)

F. SPECIAL REQUESTS

Include any comments or special requests here.

G. AUTHORIZATION

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage. I understand that premium for cancelled coverage is due through the end of the month in which Minnesota Life receives my signed request.

Employee signature X	Daytime phone number	Date signed
--------------------------------	----------------------	-------------