Enrollment Application for VRS Optional Group Life Insurance

VRS-39

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Richmond Branch Office • P.O. Box 1193 • Richmond, VA 23218-1193 • Phone 1-800-441-2258

Employer code (5 digits)	Employer name	Employee's annual salary
		$

1 - EMPLOYEE INFORMATION

Social Security number	Employee name (last, first, middle initial)

Street address	City	State	Zip code

Sex		Age	Date of birth (mo/day/yr)	Employment date (mo/day/yr)	Payroll frequency
☐ Male ☐ Female	☐ Married ☐ Single				

2 - ELECTION OF INSURANCE AMOUNTS

I wish to insure myself ☐ and ☐ my spouse and ☐ my child(ren).

Sign and date section 4, Payroll Deduction Authorization. (If you do not elect to be insured under the VRS Optional Plan you must complete section 5 below.)

	OPTIONAL INSURANCE AMOUNTS		
Option	Employee	Spouse	Child(ren)
☐ 1	1 X Salary	.5 X Salary	$ 10,000
☐ 2	2 X Salary	1.0 X Salary	$ 10,000
☐ 3	3 X Salary	1.5 X Salary	$ 20,000
☐ 4	4 X Salary	2.0 X Salary	$ 30,000

If the option you elected will provide insurance of $375,000 or higher, you must complete an Evidence of Insurability form (EOI). Your spouse must also complete an EOI form if you elected options 2,3, or 4. Optional amounts of insurance in excess of $750,000 for an employee and $375,000 for a spouse are not provided. If you and your spouse are insured as employees under the Basic VRS Group Life insurance plan neither of you is eligible for coverage as a spouse. If you do not apply when you are first eligible to do so, or within 31 days immediately thereafter, you must complete an EOI for yourself and eligible dependents you subsequently elect to insure.

3 - DEPENDENT INFORMATION

See reverse side for definition of Eligible Dependents (eligibility must be verified by Employer's Representative.)

How many children do you have who are less than 21 years of age? _____

How many children do you have who are age 21 to 25 and who are currently full-time students? _____

List information about your spouse and **youngest** child below:

Name (first name, middle initial, last)	Relationship	Sex	Social Security number	Date of Birth (mo/day/yr)
	Your Spouse	☐ Male ☐ Female		
	Youngest Child	☐ Male ☐ Female		

4 - PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize my Employer to deduct from my compensation the amount necessary to provide the insurance amounts indicated above. I understand that the deduction amount will change as my age and annual salary change.

Signature	Date signed
X	

5 - WAIVER OF COVERAGE

I **DO NOT** wish to enroll for myself or for my eligible dependents in the VRS Optional Insurance Plan. I understand that once coverage is waived, I will have to furnish evidence of insurability for myself and eligible dependents if I wish to become insured at a later date.

Signature	Date signed
X	

6 - STATEMENT BY EMPLOYER'S REPRESENTATIVE

I certify that I believe the statements made herein are true and accurate, as disclosed by the records of this office, and the Social Security Number and Annual Salary are correct as entered.

Employer's representative	Title	Date signed
X		

ELIGIBLE DEPENDENTS

The following persons are eligible to be insured under the VRS Optional Group Life Insurance Plan:

- the employee's spouse, and
- the employee's unmarried, natural, or legally adopted children* who are not self-supporting, and
- the employee's unmarried step-children* who live full-time with the employee in a parent-child relationship and can be claimed as a dependent on the employee's Federal income tax return, and
- any other children* if they are in the permanent court-ordered custody of the employee.

* less than 21 years of age (age 25 if a full-time college student).

Beneficiary Information

The employee's beneficiary for Optional Group Life Insurance is the same as designated for the employee's Basic VRS Group Insurance. The employee is the beneficiary for the Optional Group Life Insurance on the employee's spouse and children.