

# Group Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • 18-3789 • St. Paul, Minnesota 55101-2098

**MINNESOTA LIFE**

**EMPLOYER NAME:**

**POLICY NUMBER:**

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

## A. EMPLOYEE INFORMATION

First name		Middle initial	Last name	
Email address				
Street address		City	State	Zip code
Date of birth		Date of employment	Salary	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

## B. SPOUSE INFORMATION

First name		Middle initial	Last name	
Email address			Marriage date	
Date of birth	Social Security number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

## C. CHILDREN INFORMATION

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 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 <b>X</b>	Daytime telephone number	Evening telephone number	Date signed
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