

Administrative Offices: Downers Grove, Illinois I Cleveland, Ohio I Dallas, Texas

EMPLOYER: If gro	up is self-administered	d, submit enrollmen	t form on	ly if evidence	of insurability is	required.	If group	p is not se	lf administered, sub	mit enrollm	ent form to us.	
EMPLOYEE NAME – LAST FIRST MIDDLE IN					INITIAL	SEX		DATE (OF BIRTH	DATE OF I	HIRE (FULL TIME)	
SOCIAL SECURITY NO. (THIS IS YOUR CERTIFICATE NO.) EARNINGS					U Weekly	JOB TITL					CLASS	
EMPLOYER GROUP NO./AC					ACCOUNT NO.	/		LOCATIC	N			
	ELECTION: You benefits available											
BASIC COVER	RAGE(S)				Supplementa	al Life		Suppler	nental AD&D	Other		
Basic Life/AD&D	STD Benefit	LTD Benefit		ndent Life S 🗌 NO	□ Add □ C \$	hange 🗌	Del.	□ Add □ Change □ Del. □ Yes □ No \$ \$ \$				
VOLUNTARY COVERAGE(S) (Evidence of Insurability may be required on employee and spouse Life and Critical Illness Insurance)					(C)hai	(A)dd (C)hange (D)elete			Total Amount of Coverage Applied for		C), my prior overage was	
Voluntary Term	Life: Employee		□ Y	ES 🗌 NO					•			
Voluntary Term	Life: Spouse		□ Y	ES 🗌 NO								
Voluntary Term	Life: Dependent C	Child(ren)	□ Y	ES 🗌 NO								
Voluntary AD&D): [Individual	🗌 Fami	ly 🗌 NO								
Voluntary Short												
Voluntary Short	-Term Disability - '	% of Earnings	□ Y	ES 🗌 NO								
Voluntary Long-	Term Disability - I	Incremental	□ Y	ES 🗌 NO								
Voluntary Long-	Term Disability - 🤋	% of Earnings	□ Y	ES 🗌 NO								
SPOUSE NAME – LAST FIRST M.I. SEX (if applicant) M [] F []			SEX M 🗌 F 🗌	SPOUSE DATE	SPOUSE DATE OF BIRTH SPOUSE SOC				IAL SECURITY #			
						Has Spouse (if applicant) used cigarettes or other tobacco products In the last 2 years? YES NO						
	*	Review the fo	llowing	guideline	es which ap	ply to v	olunt	ary cov	verage(s)			
 change to cu enrollment p If you are eli benefits, or a benefits, the other income exceed 60% New Volunta 	oll, apply for add urrent voluntary b eriod. gible for state-ma any employer spo combination of y be benefit and you of your basic we ury STD plans and existing condition	penefits only du andated tempo prosored income your state man or STD weekly pekly earnings. d benefit increa	rary dis rary dis e replac dated b benefit ases ar	scheduled ability cement enefit or may not e subject t	incre (exc othe • New a pre will f • If yo com	emental luding bo r than co Volunta e-existing ully expl ur earnir	plans onuse ommi- iry LT g con lain th ngs a s will	may no es, over ssions). D plans dition lin his limita re base be aver	and benefit inc mitation. Your c ation. d in whole or in aged over the 1	of your ba xtra comp creases a certificate	asic earnings bensation re subject to of coverage commissions,	
primary benefic beneficiaries w	DESIGNATION ciaries are named ho survive you. I ages, the total m	d, and you do i If no primary be	not list eneficia	benefit pe ry survive	rcentages, p s you, proce	roceeds eds will	s will I be pa	be paid aid to th	in equal share e contingent be	s to the n neficiary(amed primary ies). If you list	
FIRST NAME	L	AST NAME		DATE OF	BIRTH	RELATIO	ONSHI	P	SOCIAL SECU	RITY #	BENEFIT %	
Primary											%	
Primary											%	
Contingent											%	

I HEREBY REQUEST TO BE INSURED AND AUTHORIZE DEDUCTIONS, IF ANY, FROM MY COMPENSATION FOR MY SHARE OF THE COST OF THE BENEFITS TO WHICH I MAY BE ENTITLED UNDER THE GROUP POLICY (IES) ISSUED TO THE EMPLOYER LISTED ABOVE. I UNDERSTAND THAT IF I AM NOT ACTIVELY AT WORK AS DEFINED IN THE POLICY ON THE DATE MY COVERAGE WOULD OTHERWISE BECOME EFFECTIVE, MY INSURANCE WILL NOT BEGIN UNTIL THE DAY I MEET THE POLICY DEFINITION OF ACTIVELY AT WORK. FOR THOSE COVERAGES I HAVE DECLINED, I UNDERSTAND THAT IF I CHOOSE TO ENROLL AT A LATER DATE, MY COST MAY BE HIGHER AND A HEALTH QUESTIONNAIRE MAY BE REQUIRED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in OR or VA.)

EMPLOYEE	SIGNATURE	_