

MINNESOTA LIFE

ENROLLMENT APPLICATION FOR VRS
OPTIONAL GROUP LIFE INSURANCE

Minnesota Life Insurance Company • Richmond Branch Office • P.O. Box 1193 • Richmond VA 23218-1193

EMPLOYER CODE (5 DIGITS)	EMPLOYER NAME	EMPLOYEE'S ANNUAL SALARY \$
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1 - EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)			
STREET ADDRESS		CITY	STATE	ZIP CODE
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	AGE	DATE OF BIRTH (MO./DAY/YR.)	EMPLOYMENT DATE (MO./DAY/YR.)

2 - ELECTION OF INSURANCE AMOUNTSI 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)
<input type="checkbox"/> 1	1 X Salary	.5 X Salary	\$ 10,000
<input type="checkbox"/> 2	2 X Salary	1.0 X Salary	\$ 10,000
<input type="checkbox"/> 3	3 X Salary	1.5 X Salary	\$ 20,000
<input type="checkbox"/> 4	4 X Salary	2.0 X Salary	\$ 30,000

If the option you elected will provide insurance of \$300,000 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 \$600,000 for an employee and \$300,000 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:

First	Name MI	Last	Relationship	Sex M or F	Social Security Number	Date of Birth Month Day Year
			Your Spouse			
			Youngest Child			

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 X	DATE SIGNED
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5 - WAIVER OF COVERAGEI **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 X	DATE SIGNED
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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 X	TITLE	DATE SIGNED
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