

**Enrollment Application for Virginia Retirement System
Optional Group Life Insurance - Virginia Retirement
System-39**



Minnesota Life Insurance Company - a Securian Financial company
Richmond Branch Office • 1051 E Cary Street • Suite 702 • Richmond, VA 23219-1193
1-800-441-2258 • Fax 804-644-2460

Employer code (5 digits)	Employer name	Employee's annual salary
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1 - EMPLOYEE INFORMATION

Social Security number	Name (last, first, middle initial)	Date of birth (mo/day/yr)	
Street address	City	State	Zip code
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single	Age	Employment date (mo/day/yr)
		Payroll frequency	

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.

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
<input type="checkbox"/> 5	5 X Salary	2.0 X Salary	\$30,000
<input type="checkbox"/> 6	6 X Salary	2.0 X Salary	\$30,000
<input type="checkbox"/> 7	7 X Salary	2.0 X Salary	\$30,000
<input type="checkbox"/> 8	8 X Salary	2.0 X Salary	\$30,000

If the option you elected will provide insurance of \$400,000 or higher, you must complete an Evidence of Insurability form (EOI). Your spouse must also complete an EOI form if you elected options 2 through 8. Optional amounts of insurance in excess of \$800,000 for an employee and \$400,000 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 (last, first, middle initial)	Relationship	Sex	Social Security number	Date of birth (mo/day/yr)
	Your Spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Youngest Child	<input type="checkbox"/> Male <input type="checkbox"/> 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 X	Date signed
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5 - 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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ELIGIBLE DEPENDENTS

The following persons are eligible to be insured under the Virginia Retirement System 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.

* Children 15 days old or older, but have not attained the age of 21, or have not attained the age of 25 if a full-time student in a accredited educational institution or of any age if such child is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who is chiefly dependent on the insured for financial support and maintenance.

Beneficiary Information

The employee can name more than one primary beneficiary to share in both Basic and Optional life insurance, or name a different beneficiary for each benefit. The employee is the beneficiary for the Optional Group Life Insurance on the employee's spouse and children.