

# 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.

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