

Group Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • B1-3102 • St. Paul, Minnesota 55101-2098 • Fax 651-665-7092

MINNESOTA LIFE

GROUP NAME: NAPEBT

POLICY NUMBER: 33585

Employer Name: ☐ Coconino County

☐ CCRASD

☐ NAIPTA

1. Complete sections A, B, and E.

2. If you are electing coverage on your dependents, complete sections C and/or D.

3. Please send completed form to your local Human Resources office.

A. EMPLOYEE INFORMATION

First name Middle initial Last name

Email address

Street address City State Zip code

Date of birth Social Security number Date of employment Gender
☐ Male ☐ Female

Annual salary

\$

B. VOLUNTARY COVERAGE OPTIONS (select the coverage types and amounts below)

Voluntary term life (increments of \$10,000 to a maximum of \$500,000, not to exceed 5x salary)

☐ \$

☐ Waive

Dependent term life

Spouse coverage (\$5,000 increments to a maximum of \$100,000, or 100% of employee's combined basic and voluntary amount, whichever is less) ☐ \$

☐ Waive

Child coverage

☐ \$10,000

☐ Waive

C. SPOUSE INFORMATION

First name Middle initial Last name

Email address

Date of birth Social Security number Gender
☐ Male ☐ Female

D. CHILDREN INFORMATION - List of names and dates of birth for your eligible children

Child's name Date of birth

Child's name Date of birth

Child's name Date of birth

Child's name Date of birth

Child's name Date of birth

E. AUTHORIZATION

I authorize my employer to withdraw premiums from my salary to pay for voluntary insurance coverage.

Employee signature Daytime phone number Evening phone number Date signed

X

03-30566

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FOR OFFICE USE ONLY (complete if Evidence of Insurability is required)

ER code: 1 = Coconino County 2 = CCRASD 3 = NAIPTA

Voluntary Life	Spouse Life	Child Life
Current coverage \$	Current coverage \$	Current coverage \$
Guaranteed issue \$	Guaranteed issue \$	Guaranteed issue \$
Total elected \$	Total elected \$	Total elected \$
Underwritten amt \$	Underwritten amt \$	Underwritten amt \$

Basic Life and AD&D Insurance Enrollment

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GROUP NAME: NAPEBT

POLICY NUMBER: 33585

Employer Name: _____

EMPLOYEE INFORMATION

First name		Middle initial	Last name	
Email address				
Street address		City	State	Zip code
Date of birth	Social Security number		Date of employment	Gender ☐ Male ☐ Female
Annual salary \$			Occupation	

AUTHORIZATION

Employee signature X	Daytime telephone number	Evening telephone number	Date signed
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EXAMPLES OF BENEFICIARY DESIGNATIONS

- If there is only one person designated, you need not designate a contingent. For example: Jane Doe, wife.
- If naming a Formal Trust, the following information is needed:

Full Name of Trustee	Address (if Institution)
Name of Trust	Date of Trust

Example 1: If only one person is to receive the proceeds

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Doe 123 4th Street Somewhere US 98765	Daughter	100%

Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe 123 4th Street Somewhere US 98765	Wife	100%
Contingent	The then living child or children born of the Insured's marriage with the said Jane Doe.		

Example 3: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds equally, if the primary beneficiary is deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe 123 4th Street Somewhere US 98765	Wife	100%
Contingent	Nancy Doe 123 4th Street Somewhere US 98765	Sister	50%
Contingent	Jim Doe 123 4th Street Somewhere US 98765	Father	50%

Example 4: The primary beneficiaries receive the proceeds first, followed by the contingent beneficiary, if all primary beneficiaries are deceased.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Doe 123 4th Street Somewhere US 98765	Friend	75%
Primary	Beth Doe 123 4th Street Somewhere US 98765	Daughter	25%
Contingent	Jack Doe 123 4th Street Somewhere US 98765	Son	100%

Example 5: If beneficiary is a formal trust.

	BENEFICIARY NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	John Doe-Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement . Executed by the insured on June 1, 1991.		

DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.