

# Group Life Insurance Enrollment Worksheet

**SECURIAN****EMPLOYER NAME:** Yavapai Combined Trust**LIFE POLICY NUMBER:** 8510100Location: ☐ Yavapai County ☐ Yavapai Community College ☐ City of Prescott ☐ Town of Chino Valley

1. Please complete Group Life Evidence of Insurability for coverage that is not guaranteed.
2. Return completed and signed form to your Benefits Office.

**A. EMPLOYEE INFORMATION**

First Name Middle Initial Last Name

Street Address		City	State	Zip Code
Date of Birth (Month, Day, Year)	Social Security Number	Date of Employment	Salary	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

**B. BASIC LIFE**

Employee Basic Life Amount \$ Insurance Class: Effective Date:

Basic Dependent Life Package \$2,000 spouse/\$1,000 child(ren) ☐ Add ☐ Cancel Effective Date:**C. SUPPLEMENTAL LIFE**

<b>Employee</b> Current Amount \$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Amount \$	Grand Total \$	Effective Date
<b>Spouse</b> Current Amount \$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Amount \$	Grand Total \$	Effective Date
<b>Child</b> Current Amount \$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Amount \$	Grand Total \$	Effective Date

**D. SPOUSE INFORMATION**

First Name Middle Initial Last Name

Date of Birth (Month, Day, Year)	Is your spouse also an employee covered under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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**E. CHILDREN INFORMATION – (List names and date of birth for your eligible children)****F. AUTHORIZATION**

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage.

Employee Signature	Daytime Telephone Number	Evening Telephone Number	Date Signed
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