

# Group Life Insurance Enrollment

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

## UW Employees, Inc. Life Insurance Plan

**POLICY NUMBER: 33977**

1. Check one of the following:  University of Wisconsin Hospitals & Clinics       University of Wisconsin System
2. Check one of the following:  Enrollment: I elect to enroll in this plan.  
 Cancellation: I elect to cancel coverage in this insurance plan.

Coverage will terminate on the first of the month after receipt of this form by my employer. I understand if I voluntarily cancel this coverage, I may only reapply with Evidence of Insurability.

### 3. Return completed form to your Payroll and Benefits Office.

#### A. EMPLOYEE INFORMATION

First name		Middle initial	Last name	
Email address				
Street address		City	State	Zip code
Date of birth	Last four digits of your Social Security number	Date of employment		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

#### B. 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 <b>X</b>	Daytime telephone number	Evening telephone number	Date signed
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#### For Office Use Only:

Date received by employer (mo/day/yr)	Received by	Hire date	Coverage effective date (mo/day/yr)
Employee ID number	Premium	Processed by (initials)	Date processed (mo/day/yr)