

# Group Life Insurance Enrollment Worksheet

**MINNESOTA LIFE**

**EMPLOYER NAME:** Inver Grove Heights ISD #199

**LIFE POLICY NUMBER:** 34611

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

Insurance Class #, Class Title and Class Amount: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## C. SUPPLEMENTAL LIFE

**Employee**  
Current Amount \$ \_\_\_\_\_  Increase  Decrease Amount \$ \_\_\_\_\_ Grand Total \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

## D. 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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