Group Life Insurance Enrollment

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

MINNESOTA LIFE

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
			☐ Male ☐ 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	Daytime telephone number	Evening telephone number	Date signed
X			

For Office Use Only

Date Received	Received by	Hire Date	Coverage Effective Date
Premium	Processors Initials	Date Processed	Employee ID