

# Group Insurance Enrollment Card

# LIFEWISE

**ASSURANCE COMPANY**

Life | Disability | Stop Loss

Please check appropriate box:  Transfer to another LifeWise Assurance Company division  
 New Hire     Rehire

GROUP NUMBER			DIVISION			SOCIAL SECURITY NUMBER			DATE OF BIRTH MM   DD   YYYY		
NAME: LAST			FIRST			MIDDLE			SEX <input type="checkbox"/> M <input type="checkbox"/> F		CLASS
EMPLOYMENT DATE MM   DD   YYYY		EFFECTIVE DATE MM   DD   YYYY		LTD EFF. DATE MM   DD   YYYY		Annual Salary _____ Supplemental Life Amt. _____					

I elect the following coverages from those for which I am eligible:

Basic Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Accidental Death and Dismemberment (AD&D)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Short Term Disability (STD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependent Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Long Term Disability (LTD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER (COMPANY NAME)	YOUR OCCUPATION
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BENEFICIARY NAME(S) \_\_\_\_\_  
(EXAMPLE: "HELEN LOUISE JONES" NOT "MRS. H.L. JONES")

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

In Community Property states, 50% of the payable benefit will be paid to the spouse unless the spouse signs a notarized statement waiving the right to the proceeds.

**SIGN ONE OPTION INDICATING EITHER YOUR ELECTION OR WAIVER OF BENEFITS:**

**ELECTION OPTION**

I request the Group Insurance for which I am entitled or for which I may become entitled under the provisions of the Group Policy or Policies issued by LIFEWISE ASSURANCE COMPANY, and I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(MM / DD / YYYY)

**NOTE: Beneficiary designation is not valid unless card is dated and signed.**

**WAIVER OPTION**

I acknowledge that I have been offered Group Insurance under a Group Policy issued by my employer. I hereby wish to waive my right to be insured under this plan. I am aware that I must furnish evidence of insurability, satisfactory to LIFEWISE ASSURANCE COMPANY, at my own expense if I should apply at a later date.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(MM / DD / YYYY)

**Please keep original for your records** (to be submitted w/Life claim).

Routing: Original — Employer, Canary — LifeWise Assurance Company, Pink — Employee