



Group number: _____ Requested Effective Date: ____/____/____

Life Application Form

Instructions: Please complete boxes outlined in **RED**.

A: Personal Information

Last Name: _____ Middle Initial: ____ First Name: _____
Date of Birth: ____/____/____ Social Security Number: _____
Street Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____ E-mail Address: _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
Gender: ☐ Male ☐ Female
Occupation: _____ Date of Hire: ____/____/____
Hours: _____ Salary: _____

B: Beneficiary Information

Primary Beneficiary

Last Name: _____ Middle Initial: ____ First Name: _____
Percentage of Benefit: _____ Social Security Number: _____

Last Name: _____ Middle Initial: ____ First Name: _____
Percentage of Benefit: _____ Social Security Number: _____

Contingent Beneficiary

Last Name: _____ Middle Initial: ____ First Name: _____
Percentage of Benefit: _____ Social Security Number: _____

Last Name: _____ Middle Initial: ____ First Name: _____
Percentage of Benefit: _____ Social Security Number: _____

C: Acknowledgement of Coverage and Signature

Name Printed: _____
Signature: **X** _____ Signature Date: ____/____/____