

# ENROLLMENT SUPPLEMENT – For Group Life and Disability group sizes 2 - 300 installed on the PRIME administration system.

## TO BE COMPLETED BY THE EMPLOYER

Customer Name	Policy Number	Customer Number
Employee's Annual Salary	Employee's Occupational Class	

## EMPLOYEE INFORMATION

Last Name First Name M.I			
Employee's Social Security Number			
<input type="checkbox"/> Enroll	<input type="checkbox"/> Cancel	<input type="checkbox"/> Benefit Change	Date

## INITIAL ENROLLMENT PRODUCT SELECTION

**Check all that apply and list benefit amounts where applicable:**

- Employee Supplemental Life and AD&D: \$\_\_\_\_\_ If the amount of Supplemental Life Insurance that you have selected is over the Guaranteed Issue Limit, evidence of insurability will be required. You should contact your Employer for the form and complete the form. The form will tell you where to send it.
- Dependent Supplemental Life and AD&D: If the amount of Supplemental Life Insurance that you have selected is over the Guaranteed Issue Limit, evidence of insurability will be required. You should contact your Employer for the form and complete the form. The form will tell you where to send it.
  - Dependent Spouse: \$\_\_\_\_\_
  - Dependent Child: \$\_\_\_\_\_
- Short Term Disability (STD)  Long Term Disability (LTD)
- Short Term Disability (STD) Buy-up  Long Term Disability (LTD) Buy-up

## BENEFIT CANCELLATION OR CHANGE

**Check all that apply and list benefit amount changes where applicable:**

- Employee Supplemental Life and AD&D Insurance: Increases may be subject to Evidence of Insurability.** If the amount of Supplemental Life Insurance that you have selected in over the Guaranteed Issue Limit, evidence of insurability will be required. You should contact your Employer for the form and complete the form. The form will tell you where to send it.
- Employee Supplemental Life and AD&D:  
Current Amount of Coverage: \$\_\_\_\_\_
    - Increase coverage by: \$\_\_\_\_\_
    - Decrease coverage by: \$\_\_\_\_\_
 Total Amount of Coverage: \$\_\_\_\_\_
  - Dependent Supplemental Life and AD&D Insurance: Increases may be subject to Evidence of Insurability.** If the amount of Supplemental Life Insurance that you have selected in over the Guaranteed Issue Limit, evidence of insurability will be required. You should contact your Employer for the form and complete the form. The form will tell you where to send it.
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> Dependent Spouse Supplemental Life and AD&amp;D: Current Amount of Coverage: \$_____                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Increase coverage by: \$_____</li> <li><input type="checkbox"/> Decrease coverage by: \$_____</li> </ul>                             Total Amount of Coverage: \$_____                         </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dependent Child Supplemental Life and AD&amp;D: Current Amount of Coverage: \$_____                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Increase coverage by: \$_____</li> <li><input type="checkbox"/> Decrease coverage by: \$_____</li> </ul>                             Total Amount of Coverage: \$_____                         </li> </ul>
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- Disability Insurance:**
- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Add Short Term Disability (STD)</li> <li><input type="checkbox"/> Add Long Term Disability (LTD)</li> <li><input type="checkbox"/> Discontinue Short Term Disability (STD) Buy-up</li> <li><input type="checkbox"/> Add Short Term Disability (STD) Buy-up</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Discontinue Short Term Disability (STD)</li> <li><input type="checkbox"/> Discontinue Long Term Disability (LTD)</li> <li><input type="checkbox"/> Discontinue Long Term Disability (LTD) Buy-up</li> <li><input type="checkbox"/> Add Long Term Disability (LTD) Buy-up</li> </ul> |
|---|---|

**Note: Supplemental Life, STD and LTD products are NOT available on PRIME Administration System for Employers with an effective date prior to 4/1/09.**