For Contract Employees Only

Home Office Administered - Supplemental Life

Group Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company
Administered by Ochs, Inc ● 400 Robert Street North ● 18-3789 ● St. Paul, MN 55101-2098
Phone 1-800-392-7295 ● Fax 651-665-3791

MINNESOTA LIFE

EMPLOYER NAME: San Diego Community College District **POLICY NUMBER: 34625**

1. Return completed and signed form to your employer.
2. Please complete the Group Life Evidence of Insurability form for coverage that is not guaranteed.

A. EMPLOYEE INFORMATION

First name | Middle initial | Last name

Email address

Street address | City | State | Zip code

Date of birth | Social security number | Date of employment | Salary | Gender ☐ Male ☐ Female

Basic Life Insurance

Basic Life Amount $_____ Billing Location (Check One): ☐10 Month ☐11 Month ☐12 Month Effective Date _____

Basic Spouse Life $1,500 ☐ Add ☐ Cancel Effective Date _____

Supplemental Life Insurance

Employee
Current Amount $_____ ☐ Increase ☐ Decrease Amount $_____ Grand Total $_____ Effective Date _____

Spouse
Current Amount $_____ ☐ Increase ☐ Decrease Amount $_____ Grand Total $_____ Effective Date _____

Child
Current Amount $_____ ☐ Increase ☐ Decrease Amount $_____ Grand Total $_____ Effective Date _____

B. SPOUSE INFORMATION

Is your spouse also an employee covered under this policy? ☐ Yes ☐ No

First name | Middle initial | Last name

Email address | Marriage date

Date of birth | Social Security number | Gender ☐ Male ☐ Female

C. CHILDREN INFORMATION

List of names and dates of birth for your eligible children:

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 phone number | Evening phone number | Date signed

X

This form requires a wet signature. No digital signatures allowed.