

Use this form for cases that offer basic coverage only

Instructions: Complete both pages. Type or print with ballpoint pen. The employee and the policyholder must each receive a copy of the completed Group Enrollment Card.

Reliance Standard Life Insurance Company				Group Enrollment Card	
Employer Section	(1) Policyholder			(2) Policy No.	
	(3) Location		(4) Full Time Employment Date		(5) Class
	(6) Hours Per Week	(7) Occupation	(8) Salary \$	<input type="checkbox"/> Hrly. <input type="checkbox"/> Wkly.	<input type="checkbox"/> Mthly. <input type="checkbox"/> Yrly.
Employee Section	(9) Employee's Last Name			First	Middle Initial
	(10) Employee's Birth Date month day year		(11) Social Security No.		(12) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	(13) Beneficiary(ies) Full Name(s)		Relationship		% of Proceeds
See Reverse Side For Declination of Insurance	(14) I request to purchase <input type="checkbox"/> Life/AD&D <input type="checkbox"/> Weekly Income <input type="checkbox"/> Long Term Disability				
	(15) I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. This signature is also to verify: (1) the accuracy of the information contained on this card; and (2) the beneficiary(ies) I have designated.				
	Employee Signature			Date	
LRS-8387-1188				Basic	

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Declination of Group Insurance Coverage

(17) Employee's Last Name

First

Middle Initial

(18) **This Coverage Can Be Declined Only If You Pay Part Or All Premiums**

(19) I have been offered and have declined to purchase the following Group Insurance

Coverages:

☐ Life/AD&D

☐ Weekly Income

☐ Long Term Disability

I understand that in the event I desire such insurance at a later date: (1) I will be required to furnish evidence of insurability for myself at my own expense; and (2) the insurance company will have the right to refuse my request.

Employee Section
Complete if Declining
Group Insurance Coverage

Employee Signature

Date

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Basic