

# Completing the Securian-MN Life Enrollment Form

## Employee's Responsibility

### Employee Information Section

Complete this section in its entirety.

- First Name/MI/Last Name
- SSN/Employee ID
- Gender
- Date of birth
- Annual salary
- Street address/City/State/Zip code
- Date of employment

### Supplemental Life Section

This section is to be completed for any employee paid coverages that are being elected by the employee. All lines of coverage that are being elected must have the following items completed.

- Current Amount
- Amount to increase/decrease
- Check to increase or decrease
- Grand total

### Spouse Information Section

- Spouse's First Name/MI/Last Name
- Spouse's SSN
- Spouse's date of birth
- Spouse's gender
- Marriage date (if life event)

### Children Information Section

Complete this section if electing child coverage.

- Name of each eligible child
- Date of birth for each eligible child

### Authorization

Enrollment form ***MUST be signed and dated by employee***

## Employer's Responsibility

### Verification

- The employer will make sure the following items are completed **prior** to sending:
  - Verify that the employee's hire date and annual salary is listed correctly;
  - Review to make sure all applicable sections are completed by the employee (as noted above);
  - Complete the **Basic Life** section (employer paid coverages). To complete this, the employer **must** indicate the following:
    - **Basic Life Amount:** This is the amount of life insurance provided to the employee.
    - **Effective Date:** This is the date the coverage will go into effect per policy waiting periods.
    - **Insurance Class or Billing Unit (if applicable):** If your policy has multiple insurance classes or billing units, those must be indicated in this section.
    - **Dependent Life Package:** If this coverage is provided per the policy, the check box should be checked as Yes and the effective date should be listed.
  - Complete the **Supplemental Life** section's effective dates for each line of coverage being elected. This is the date the coverage will go into effect per policy waiting periods.

# Completing the Securian-MN Life Evidence of Insurability Form

## Employee's Responsibility

### Employee Information Section

Complete this section in its entirety.

- First Name/MI/Last Name
- SSN/Employee ID
- Gender
- Street address/City/State/Zip code
- Annual salary
- Date of birth
- Date of employment

### Spouse Information Section

Complete this section in its entirety, if electing spouse coverage that requires underwriting.

- Spouse's First Name/MI/Last Name
- Spouse's SSN
- Spouse's date of birth
- Spouse's gender

### Children Information Section

Complete this section in its entirety, if electing child coverage that requires underwriting.

- Name of each eligible child
- Date of birth for each eligible child

### Health Questions

In this section, all health questions MUST BE COMPLETED with Yes or No checked for each coverage type that requires underwriting. An employee and spouse must also list their height and weight as well as the spouse's occupation. If Yes is checked for any question, details can be provided in the Additional Health Information section.

### Signature Line

- Evidence of Insurability form ***MUST be signed and dated by employee***
- If electing spouse coverage, form ***MUST also be signed and dated by spouse***

## Employer's Responsibility

### Verification

- The employer will make sure the following items are completed **prior** to sending:
  - Verify that the employee's hire date and annual salary is listed correctly;
  - Review to make sure all applicable sections are completed by the employee (as noted above);
  - Complete the **FOR OFFICE USE ONLY** section. To complete this, the employer **must** indicate the following for each type of coverage elected:
    - **Current in force:** This is the amount of life insurance currently in force. This can include any current coverage and coverage that was provided on a guaranteed issue basis.
    - **U/W applied for:** This is the amount that will be underwritten by Minnesota Life. Please be sure to include **ONLY** the amount of life coverage that needs to be underwritten.

**Once all information is verified, please return all forms to Ochs, Inc. for processing:**

**Mail:** Ochs, Inc.  
400 Robert Street North, Suite 1880  
St. Paul, MN 55101

**Fax:** 651-665-3791

**Email:** ochs@ochsinc.com

If you have any  
questions,  
contact Ochs at  
1-800-392-7295

**NOTE: any missing information will result in a delay of processing the underwriting request.**