

# 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:**

**POLICY NUMBER:**

## EMPLOYEE INFORMATION

First name		Middle initial	Last name	
Email address				
Street address		City	State	Zip code
Date of birth		Date of employment	Salary	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

## SPOUSE INFORMATION

First name		Middle initial	Last name	
Email address			Marriage date	
Date of birth	Social Security number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

## CHILDREN INFORMATION

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

## AUTHORIZATION

I authorize my employer to withdraw premiums from my salary to pay for supplemental insurance coverage. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Employee signature <b>X</b>	Daytime phone number	Evening phone number	Date signed
--------------------------------	----------------------	----------------------	-------------