

# Supplemental Group Life Insurance Enrollment

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

EMPLOYER NAME: City of Hialeah

POLICY NUMBER: 33980

Please check the appropriate box below indicating your employment type:

Active Full-time Management Employee     Active Sworn Police Officer

## EMPLOYEE INFORMATION

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Email address \_\_\_\_\_

Street address _____	City _____	State _____	Zip code _____
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Will the insurance applied for replace or change an existing policy?     Yes     No

Date of birth _____	Social Security number _____	Date of employment _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Total amount of supplemental life insurance requested

\$50,000 (management only)     \$35,000 (sworn police officers only)

If electing coverage outside of your initial eligibility period, please complete the evidence of insurability form.

## BENEFICIARY INFORMATION

Primary beneficiary name(s) and address _____	Relationship _____	Share % (must total 100%) _____
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Contingent beneficiary name(s) and address ( <i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i> ) _____	Relationship _____	Share % (must total 100%) _____
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## 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 telephone number _____	Evening telephone number _____	Date signed _____
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## FOR HOME OFFICE USE

Agent/broker/registered representative _____	Agent's Florida license identification number _____
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Agent's signature <b>X</b>	AGENT: To the best of my knowledge and belief, will the insurance applied for replace or change an existing policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
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