

UND LIFE Group Term Life and Personal Accident Insurance Enrollment

Life Insurance Coverage Underwritten by:

Mutual of Omaha

Name (Last, First, MI)		Employee ID
Social Security #	Date of Birth	Permanent Employment Date
<input type="checkbox"/> New Hire <input type="checkbox"/> Increase Coverage <input type="checkbox"/> Decrease Coverage <input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Name Change (Former Name) _____		

Requested Coverage

<input checked="" type="checkbox"/> Basic Life (\$5,000 provided by Employer)	\$ <u>5,000</u>
<input type="checkbox"/> Employee Supplemental Life (\$10,000 minimum). <i>Maximum 10X salary or \$500,000 (whichever is less). Evidence of Insurability is required over \$150,000. Life insurance amounts will be reduced starting at age 70</i>	\$ _____
<input type="checkbox"/> Spouse Supplemental Life (\$5,000 increments) <i>Cannot exceed 50% of employee supplemental. Evidence of Insurability is required over \$20,000</i>	\$ _____
<input type="checkbox"/> Dependent Child(ren) (covers all dependent children) <i>Must have employee supplemental</i>	\$ <u>10,000</u>

EMPLOYEE IS AUTOMATICALLY THE BENEFICIARY FOR SPOUSE/DEPENDENT COVERAGE

Designation of Beneficiaries

Primary Beneficiary(ies)	% Share	Relationship	Birth Date	Address
			/ /	
			/ /	
			/ /	

Contingent Beneficiary(ies)	% Share	Relationship	Birth Date	Address
			/ /	
			/ /	
			/ /	

I hereby apply to Mutual of Omaha for Group Term Life Insurance as presented to me and authorize my employer to make any necessary premium deduction from my salary.

Applicant's Signature	Date Signed
Group Policy # G000AVV8	Effective Date