

# Accidental Death & Dismemberment (AD&D) Insurance Enrollment Form

*INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.*

Name of Employer/Plan Sponsor North American Division of Seventh-day Adventists		Group/Plan Number 67807-4	Account Number/Location	
Class/Occupation	Date of Hire	Annual Salary	Employment Status:	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Active Part-Time
This change is due to: <i>(check all that apply)</i> <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Late Entrant* <input type="checkbox"/> Change in Coverage Amount <input type="checkbox"/> Other: _____				Effective Date of Coverage or Change:

*\*A late entrant is an individual who is first enrolling for supplemental or dependent coverage after the first available opportunity.*

## Employee Information

Employee Name <i>(last, first, middle initial)</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Social Security #	Employee I.D. #
Employee Address <i>(street address, city, state, zip code)</i>			Work Telephone:	Home Telephone:

## Employee AD&D Insurance

Supplemental AD&D Election	\$10,000 to \$500,000 I am applying for Supplemental AD&D coverage of: \$ _____. <i>(\$10,000 increments)</i> <input type="checkbox"/> Waive
Pilot Coverage Only	\$25,000 to \$125,000 I am applying for Supplemental AD&D coverage of: \$ _____. <i>(\$25,000 increments)</i> <input type="checkbox"/> Waive

*Note: Pilots are eligible to elect both Supplemental AD&D options.*

## Beneficiary Information *Designate your beneficiary(ies) below.*

Name of Beneficiary <i>(last name, first, middle initial)</i>	<input checked="" type="checkbox"/> Primary	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number
Name of Beneficiary <i>(last name, first, middle initial)</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee	Benefit %
Address	Date of Birth	Social Security Number	Phone Number

## Dependent AD&D Insurance

Dependent AD&D	If you and your spouse are insured as employees under the Group Policy, either you or your spouse, but not both can apply for Dependent's insurance on the same child dependents. Dependent coverage is limited to 100% of the employee's amount of elected coverage.		
Dependent AD&D Election	<input type="checkbox"/> Elect Spouse Only \$ _____ (\$10,000 to \$500,000 in \$10,000 increments) <input type="checkbox"/> Elect Child(ren) Only \$ _____ (\$5,000 to \$25,000 in \$5,000 increments) <input type="checkbox"/> Waive		

*Note: The employee is the beneficiary for any Dependent insurance coverage.*

## READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.

**Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Employee's Signature	Date Signed
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**ReliaStar Life Insurance Company**  
Minneapolis, Minnesota