



P.O. Box 1650  
Little Rock, Arkansas 72203

# VOLUNTARY PRODUCTS ENROLLMENT FORM (VGTL & VAD&D)

(PLEASE PRINT)

New Enrollee     Change     Decline all coverages

<b>Employer:</b> If evidence of insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.		<b>EMPLOYER INFORMATION</b>	
		Employer's Name	Group #
<b>SECTION I. EMPLOYEE INFORMATION</b>		Employee's Salary \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Employee's Name (First, MI, Last)	Social Security No.	Hours Worked Weekly	Dept/Location
Occupation (Be Exact)	Employee's State of Residence	Date Employed Full-time	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

**PLAN INFORMATION - Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI).**

**SECTION II. VOLUNTARY COVERAGE(S) – SEE INSTRUCTIONS ON REVERSE OR PAGE 2**

Complete this Section if applying for these coverages.  
EOI may be required.

			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
<b>A. Voluntary Group Life:</b>	<b>Employee</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>Spouse*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>Children</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>B. Voluntary AD&amp;D:</b>	<b>Employee</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>Spouse*</b> <i>(EOI not required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>Children</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Do you intend to replace existing coverage with this policy?  Yes  No

*If applying for Spouse's coverage - Spouse's Name (First, MI, Last)	Social Security No.	Spouse's Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Have you or your spouse used tobacco products in the past year? **Employee**  Yes  No **Spouse** (if applying for coverage)  Yes  No  
Are you actively at work on the date of this application?  Yes  No

**SECTION III. EMPLOYEE BENEFICIARY DESIGNATION**     Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

**PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):**

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

**CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):**

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. I hereby designate the above beneficiaries under this certificate and revoke the appointment of any existing beneficiary. For those coverages I have declined, I understand that if I choose to enroll at a later date, an EOI may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay. **Warning: It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Date Received - Home Office	
Eff. Date	

## INSTRUCTIONS – How to Complete Section II

### Initial Enrollment – Adding Coverage:

Check “Yes” by each coverage you want. Check “No” by each coverage you do not want.

If you checked “Yes” by a coverage, check the “Add New” box, and complete the “Total Amount of Coverage” for which you are applying.

For Example, you are applying for:

- Voluntary Group Life: \$50,000 on yourself, \$20,000 on your spouse, and no coverage on your children
- Voluntary AD&D: \$100,000 on yourself; \$50,000 on your spouse, \$5,000 on your children

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. EOI may be required when applying for these coverage(s).				Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
<b>A. Voluntary Group Life:</b>	<b>Employee</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>\$50,000</b>	
	<b>Spouse*</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>\$20,000</b>	
	<b>Children</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>B. Voluntary AD&amp;D:</b>	<b>Employee</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>\$100,000</b>	
<i>(EOI not required)</i>	<b>Spouse*</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>\$50,000</b>	
	<b>Children</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>\$5,000</b>	

### How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate “Add,” “Delete,” “Increase”, or “Decrease” box.

For Example, you **currently** have:

- Voluntary Group Life: \$60,000 on yourself, \$30,000 on your spouse, and \$10,000 coverage on your children
- Voluntary AD&D: \$100,000 on yourself only

You want to **change** your coverage to:

- Voluntary Group Life: \$100,000 on yourself (increase), \$20,000 on spouse (decrease), and no coverage for children (delete)
- Voluntary AD&D: \$100,000 on yourself (no change), \$50,000 on spouse (add)

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. EOI may be required when applying for these coverage(s).				Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
<b>A. Voluntary Group Life:</b>	<b>Employee</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>\$100,000</b>	
	<b>Spouse*</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>\$20,000</b>	
	<b>Children</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>B. Voluntary AD&amp;D:</b>	<b>Employee</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>\$100,000</b>	
<i>(EOI not required)</i>	<b>Spouse*</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>\$50,000</b>	
	<b>Children</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		