

Instructions: Use this form only for cases that offer the Insured the ability to purchase supplemental coverage. Complete both pages. Type or print with ballpoint pen. The employee and the policyholder must each receive a copy of the completed Group Enrollment Card.

Reliance Standard Life Insurance Company			Group Enrollment Card	
Employer Section	(1) Policyholder		(2) Policy No.	
	(3) Location	(4) Full Time Employment Date	(5) Class	
	(6) Hours Per Week	(7) Occupation	(8) Salary \$	<input type="checkbox"/> Hrly. <input type="checkbox"/> Mthly. <input type="checkbox"/> Wkly. <input type="checkbox"/> Yrly.
Employee Section	(9) Employee's Full Name			
	(10) S.S. No.	(11) <input type="checkbox"/> Male <input type="checkbox"/> Female	(12) Employee's Birth Date mm dd yy	(13) Spouse's Birth Date mm dd yy
	(14) Beneficiary(ies) Full Name(s)		Relationship	% of Proceeds
See Reverse Side For Declination of Insurance	(15) I request to purchase the following Group Insurance Coverages: <input type="checkbox"/> Life/AD&D <input type="checkbox"/> Supp. Life <input type="checkbox"/> Dep. Life <input type="checkbox"/> Weekly Income <input type="checkbox"/> Long Term Disability			
	(16) I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. This signature is also to verify: (1) the accuracy of the information contained on this card; and (2) the beneficiary(ies) I have designated.			
_____ Employee Signature			_____ Date	

