

Enrollment Form

for group term life and/or disability coverage



Instructions: attach form AICK 4EV if a Late Enrollee or requesting more than the Guarantee Issue amount.

Your employer is: _____ AICK group no. _____ Class _____

Section 1 – Employee and employment information

Last name _____ First name _____ MI _____ Suffix _____

Residential address _____ City _____ State _____ Zip _____ +4 _____

Birth date _____ Gender: Male Female Social security number _____ Date of hire _____

Employee Occupation/Job Title _____

Your phone number: Home/Cell _____ Work _____
Area code + number Area code + number

I am actively at work performing all my job duties: Yes No and I work _____ hours weekly for this employer.
indicate number

\$ _____ HR WK MO ANN Base earnings (do not include commission, bonuses, overtime or any other extra compensation except as shown in the group policy)

Check one:

- I am a new employee enrolling at my first opportunity.
- I am a rehired employee. Rehire date: _____
- I am an existing employee enrolling due to: Date of occurrence (of the event checked below) _____
 - Temporary to permanent
 - Other (explain) _____

I am enrolling in:

Basic term life and AD&D <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent life <input type="checkbox"/> Yes <input type="checkbox"/> No	Short term disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Long term disability <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--

Are you married? Yes No Date of marriage _____

Do you have unmarried dependent children under 23 years of age? Yes No

Section 2a – Your primary beneficiary

The **primary beneficiary receives the benefit upon your death.** If you name two or more primary beneficiaries, the proceeds will be paid in equal shares unless stated otherwise. If you need more space, attach a separate sheet with complete information that **you have signed and dated.**

First name _____ MI _____ Last name _____ Suffix _____

Relationship to applicant _____ Date of birth or age _____

First name _____ MI _____ Last name _____ Suffix _____

Relationship to applicant _____ Date of birth or age _____

You must sign and date page 2

For office use only: Group # _____ Subgroup # _____ Class _____
<input type="checkbox"/> STD <input type="checkbox"/> LTD Subscriber # _____

