Use this form for cases that offer basic coverage only

Instructions: 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 $ ☐ Hrly. ☐ Mthly. ☐ Wkly. ☐ Yrly.

Employee Section

(9) Employee's Last Name | First | Middle Initial

(10) Employee's Birth Date month day year | (11) Social Security No. | (12) Sex ☐ Male ☐ Female

(13) Beneficiary(ies) Full Name(s) | Relationship | % of Proceeds

(14) I request to purchase ☐ Life/AD&D ☐ Weekly Income ☐ Long Term Disability

See Reverse Side For Declination of Insurance

(15) 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

LRS-8387-1188 Basic

Use this form for cases that offer basic coverage only

Instructions: 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.

Declination of Group Insurance Coverage

Employee Section
Complete if Declining
Group Insurance Coverage

(17) Employee's Last Name First Middle Initial

(18) **This Coverage Can Be Declined Only If You Pay Part Or All Premiums**

(19) I have been offered and have declined to purchase the following Group Insurance Coverages:

☐ Life/AD&D ☐ Weekly Income ☐ Long Term Disability

I understand that in the event I desire such insurance at a later date: (1) I will be required to furnish evidence of insurability for myself at my own expense; and (2) the insurance company will have the right to refuse my request.

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_____ _____

Employee Signature Date