



BASIC LIFE INSURANCE ENROLLMENT APPLICATION

Colorado Springs School District No. 11- Group#77066

***BASIC LIFE INSURANCE FOR THE EMPLOYEE IS COVERED AT 100% BY COLORADO SPRINGS SCHOOL DISTRICT 11**

New Enrollment

Change Enrollment Reason for Change: Marriage/Divorce Birth/Adoption Deceased Beneficiary Change

LAST NAME	FIRST NAME	M. I.	SS#	DATE OF BIRTH	EMPLOYEE ID NUMBER
STREET ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE #					
<input type="checkbox"/> Individual Coverage	EFF. DATE OF COVERAGE	SEX	EMPLOYMENT DATE	JOB TITLE	BLDG. OR DEPT. NAME
<input type="checkbox"/> Family Coverage		M F			

BENEFICIARY INFORMATION

All Fields are Required

Primary Beneficiary(ies)				Percent Share of Proceeds
1. Name (First, M.I., Last)	Relationship to Employee	Social Security Number	%	
Address (street address, city, state, zip code)	Phone Number	Date of Birth		
2. Name (First, M.I., Last)	Relationship to Employee	Social Security Number	%	
Address (street address, city, state, zip code)	Phone Number	Date of Birth		

Secondary Beneficiary(ies)				Percent Share of Proceeds
1. Name (First, M.I., Last)	Relationship to Employee	Social Security Number	%	
Address (street address, city, state, zip code)	Phone Number	Date of Birth		
2. Name (First, M.I., Last)	Relationship to Employee	Social Security Number	%	
Address (street address, city, state, zip code)	Phone Number	Date of Birth		

BASIC DEPENDENT LIFE INSURANCE - The cost is \$.95 per month for all dependents covered.

Coverage is \$5,000 for spouse coverage and \$2,000 for each dependent

Dependent coverage up to age 26 effective 7/1/14

NAME	SS#	RELATIONSHIP	BIRTHDATE	GENDER
SPOUSE:				
DEPENDENT:				
DEPENDENT:				
DEPENDENT:				

I request coverage for myself and any eligible dependents as listed on this form, under the terms of the group life insurance policy issued to my employer by SUN LIFE FINANCIAL and I authorize the proper deductions from my earnings as my contribution toward the cost of this insurance.

I hereby apply for enrollment and agree to all the terms and conditions in the membership certificate and benefit plan.

SIGNATURE REQUIRED X _____ DATE _____

