

Group Life Insurance Enrollment

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Group Customer Service • 400 Robert Street North • St. Paul, Minnesota 55101-2098

EMPLOYER NAME: State of New Mexico

POLICY NUMBER: 34426

1. Complete sections A, B, and E.
2. If you are electing coverage on your dependents, complete sections C and/or D.
3. Return completed and signed form to Minnesota Life at the address above.

A. EMPLOYEE INFORMATION

First name Middle initial Lastname

Email address

Street address City State Zip code

Date of birth Social Security number Date of employment Gender
 Male Female

Total amount of insurance requested
\$

B. BENEFICIARY INFORMATION (EMPLOYEE IS THE BENEFICIARY OF ANY DEPENDENT COVERAGE)

Primary beneficiary name(s) and address	Relationship	Share % (must total 100%)
Contingent beneficiary name(s) and address (<i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>)	Relationship	Share % (must total 100%)

C. SPOUSE INFORMATION

First name Middle initial Lastname

Email address

Date of birth Social Security number Gender
 Male Female

Total amount of insurance requested
\$

D. CHILDREN INFORMATION

List of names and dates of birth for your eligible children

Total amount of insurance requested
\$

E. AUTHORIZATION

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Employee signature Daytime telephone number Evening telephone number Date signed
X