

Voluntary Group Term Life Insurance Enrollment

Minnesota Life Insurance Company, a Securian Financial Group affiliate
400 Robert Street North • St. Paul, MN 55101-2098

EMPLOYER NAME: The Ohio State University
POLICY NUMBER: 33909
OSU

1. If you are electing employee coverage, complete section 1 and 4.
2. If you are electing coverage on your dependents, complete section 1 and/or section 2 or 3 (as applicable) and section 4.
3. Please return completed form to the **Office of Human Resources, 1590 N. High St., Suite 300, Columbus, OH 43201.**
4. Visit hr.osu.edu/oe for additional program information, including eligibility, rates and information on determining need for Evidence of Insurability (EOI).
5. To designate a beneficiary, complete a life insurance designation form.

Note: Beneficiary is the same as GTLI designation; the employee is the beneficiary of any dependent coverage.

SECTION 1: EMPLOYEE INFORMATION

First Name	M.I.	Last Name	Ohio State Employee ID# (required)
Email Address			Daytime Phone Number
Street Address	City	State	Zip Code
Date of Birth	Date of Employment	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Reason for completing form: Open Enrollment (Return by November 15, 2022)

Have you used tobacco in any form during the past 12 months or are you currently using nicotine in any form? Yes No

Employee Life insurance amount requested (not to exceed plan maximum of \$1,000,000).

NOTE: Completion of EOI is required for coverage exceeding 2X Salary or \$300,000.

1x Salary
 2x Salary
 3x Salary¹
 4x Salary¹
 5x Salary¹
 6x Salary¹
 7x Salary¹
 8x Salary¹

¹EOI may be required.

SECTION 2: SPOUSE

First Name	M.I.	Last Name
Email Address		Daytime Phone Number
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Has your spouse used tobacco in any form during the past 12 months or is your spouse currently using nicotine in any form? Yes No

Life insurance amount requested (\$25,000 increments, from \$25,000 to \$300,000. **NOTE:** Completion of EOI is required for coverage exceeding \$25,000): \$ _____

SECTION 3: CHILDREN INFORMATION (CHILDREN ARE ELIGIBLE FROM LIVE BIRTH TO AGE 26)

Life insurance amount requested: \$5,000 \$10,000 \$15,000 \$20,000

SECTION 4: AUTHORIZATION

I have read and understand the materials describing the terms and conditions of the Voluntary Group Term Life Insurance program, including the Group Term Life Insurance policy, and agree to be bound by such terms and conditions. I certify that the information I have provided in this Enrollment Form is complete and correct. I authorize the university to deduct from my pay, on an after-tax basis, the premiums described in the benefit plan rates online at hr.osu.edu/benefits/rates that are necessary to pay for the life insurance coverage that I have elected above. I understand that this authorization to deduct premiums directly from my pay will remain in effect until I cancel my enrollment or transfer to an ineligible appointment. I understand and agree that in the event my university pay is not sufficient to pay the premiums for this benefit, or if I go on an unpaid leave of absence, I will be billed directly for these premiums. I agree to pay those premiums promptly and in full. I understand that, if premiums are not paid in full, the benefit will be terminated for lack of payment and I will be responsible for premiums missed prior to my coverage termination date. I understand that coverage requiring evidence of insurability (EOI) must be approved by Securian Financial. If EOI is approved by Securian Financial, any additional coverage elected will be effective as of the approval date designated by Securian Financial. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Employee Signature _____ Date _____

Daytime Phone Number _____ Evening Phone Number _____