



# Voluntary Group Term Life Insurance Enrollment

Minnesota Life Insurance Company, a Securian Company  
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](http://hr.osu.edu/oe) for additional program information, including eligibility 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

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

Reason for completing form:  Open Enrollment (Return by November 14, 2018)

Employee Life insurance amount requested (not to exceed \$1,000,000):

1x Salary<sup>1</sup>  2x Salary<sup>1</sup>  3x Salary<sup>1</sup>  4x Salary<sup>1</sup>  5x Salary<sup>1</sup>  6x Salary<sup>1</sup>  7x Salary<sup>1</sup>  8x Salary<sup>1</sup>

<sup>1</sup>EOI is 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 \$250,000. NOTE: Completion of EOI is required): \$ \_\_\_\_\_

## SECTION 3: CHILDREN INFORMATION (Children are eligible from live birth to age 26)

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

## SECTION 4: AUTHORIZATION

I have read and understand the materials describing the Voluntary Group Term Life Insurance policy. I certify that the information I have provided in this Enrollment Form is complete and correct. I authorize my employer to make these change(s) and to deduct any premiums from my pay necessary to pay for the life insurance coverage that I have elected above. I understand that premiums will be taken for any applicable guaranteed issue coverage. I further understand that coverage requiring evidence of insurability (EOI) must be approved by Minnesota Life Insurance Company, a Securian Company. If EOI is approved by Minnesota Life Insurance Company, a Securian Company, 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 \_\_\_\_\_