

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. Wkly.	Mthly. 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	
See Reverse Side For Declination of Insurance	(14) I request to purchase Life/AD&D Weekly Income			Long Term Disability		
	(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			