Group Life Insurance Enrollment

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

MINNESOTA LIFE

EMPLOYER NAME: University of Minnesota Board of Regents - Residents and Fellows **POLICY NUMBER: 33854**

1. Complete sections A and D.
2. If you are electing coverage on your dependents, complete sections B and/or C.
3. By signing this form I hereby authorize and direct the University of Minnesota to deduct from my stipend check amounts to cover my tuition, student services fees, and insurance premiums while enrolled as a resident or fellow. Said deductions will be taken from each bi-weekly check. I understand that my department is authorized to make subsequent tuition, student service fees, and insurance premium adjustments at prevailing University of Minnesota rates as appropriate to my resident or student classification.
4. Return completed and signed form to Office of Student Health Benefits, by email at umshbo@umn.edu, fax at 612-626-5183 or by mail at 410 Church St SE, Room N323, Minneapolis, MN 55455.

A. RESIDENTS AND FELLOWS INFORMATION

First name | Middle initial | Last name

Email address

Street address | City | State | Zip code

Date of birth | U of MN ID number | Date of employment | Gender ☐ Male ☐ Female

Employer Provided Basic Life Insurance for Residents and Fellows

$50,000

Total amount of supplemental life insurance requested (in increments of $5,000 to a maximum of $300,000)

$

B. SPOUSE INFORMATION

First name | Middle initial | Last name

Email address

Date of birth | Social Security number | Gender ☐ Male ☐ Female

Total amount of spouse life insurance requested (in increments of $5,000 to a maximum of $150,000)

$

C. CHILDREN INFORMATION

List of names and dates of birth for your eligible children

Total amount of child life insurance requested (in increments of $5,000 to a maximum of $25,000)

$

D. AUTHORIZATION

Employee signature | Phone number | Date signed

X