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

EMPLOYER NAME: University of Minnesota Board of Regents - Residents and Fellows PG

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 FELLOW	'S INFORMATION					
First name		Middle initial	Last name			
Email address						
Street address		City		State	Zip code	
Date of birth	U of MN ID number	I	Date of employment		Gender Male	Female
Employer Provided Basic Life Insura \$50,000	nce for Residents and F	ellows				
Total amount of supplemental life in \$ B. SPOUSE INFORMATION	surance requested (in ir	ncrements of \$5,00	00 to a maximum of \$300),000)		
B. SPOUSE INFORMATION						
First name		Middle initial	Last name			
Email address						
Date of birth		Social Security r	number		Gender	Female
Total amount of spouse life insurances \$	e requested (in increme	nts of \$5,000 to a	maximum of \$150,000)			
C. CHILDREN INFORMATION						
List of names and dates of birth for y	/our eligible children					
Total amount of child life insurance i	requested (in increment	s of \$5,000 to a m	aximum of \$25,000)			

\$		
D. AUTHORIZATION		
Employee signature	Phone number	Date signed
X		