NABCO North American Benefits Company

# LIFE AND DISABILITY ENROLLMENT FORM

## Employer Section

7901-000
Group Policy #

Mennonite Church USA - The Corinthian Plan
Employer Name

Employer/Church Name

☐ Class 1 – Credentialed
☐ Class 2 – Non-Creditialed

None
Waiting Period

Coverage Effective Date

## Employee Section

Social Security Number | Date of Birth | Date of Hire | Date of Rehire

Employee Name (Last, First and Middle)

Street Address

City | State | Zip

$ Salary/Earnings

☐ Weekly ☐ Monthly ☐ Annually

Hours Worked per Week | Hours Paid per Week

☐ Male ☐ Female
☐ Single ☐ Married
☐ Hourly ☐ Salaried

Occupation/Job Title

## Coverage Section

| Coverage for: | Amount |
|---|---|
| ☐ Basic Life | $ |
| ☐ Accidental Death & Dismemberment | $ |
| ☐ Long Term Disability | $ |

## Beneficiary Designation

Your benefits will be paid first to the Primary Beneficiary. If that person is deceased, benefits will be paid to the Contingent Beneficiary. Legal appointment of Guardian is required if minor is named as Beneficiary. Attach a separate sheet for additional beneficiary information.

Primary Beneficiary | Relationship | Social Security Number

Contingent Beneficiary | Relationship | Social Security Number

## Authorization

I request coverage under my employer's plan of benefits as indicated above. I authorize my employer to deduct from my earnings, my contributions for the coverage(s) selected. I understand that with respect to coverages I have declined, the carrier has the right to require evidence of insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.

Signature | Date