

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
	(6) Hours Per Week	(7) Occupation
	(8) Salary \$	Hrly. Mthly. Wkly. 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
See Reverse Side For Declination of Insurance	(13) Beneficiary(ies) Full Name(s)	Relationship
		% of Proceeds
	(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

