

Completing the Securian-MN Life Enrollment Form

Employee's Responsibility

Employee Information Section

Complete this section in its entirety.

- First Name/MI/Last Name
- SSN/Employee ID
- Gender
- Date of birth
- Annual salary
- Street address/City/State/Zip code
- Date of employment

Supplemental Life Section

This section is to be completed for any employee paid coverages that are being elected by the employee. All lines of coverage that are being elected must have the following items completed.

NOTE: Please use the benefit amount the employee is electing, not the premiums due. Basic Life amounts should not be included within the Supplemental Life section.

- Current Amount
- Amount to increase/decrease
- Check to increase or decrease
- Grand total

Spouse Information Section

- Spouse's First Name/MI/Last Name
- Spouse's SSN
- Spouse's date of birth
- Spouse's gender
- Marriage date (if life event)

Children Information Section

Complete this section if electing child coverage.

- Name of each eligible child
- Date of birth for each eligible child

Authorization

NOTE: MUST be signed and dated by employee if any supplemental coverages are elected. Basic coverages do not need the employee's signature.

Employer's Responsibility

Verification

- The employer will make sure the following items are completed **prior** to sending:
 - Verify that the employee's hire date and annual salary is listed correctly;
 - Review to make sure all applicable sections are completed by the employee (as noted above);
 - Complete the **Basic Life** section (employer paid coverages). To complete this, the employer **must** indicate the following:
 - **Basic Life Amount:** This is the amount of life insurance provided to the employee.
 - **Effective Date:** This is the date the coverage will go into effect per policy waiting periods.
 - **Insurance Class or Billing Unit (if applicable):** If your policy has multiple insurance classes or billing units, those must be indicated in this section.
 - **Dependent Life Package:** If this coverage is provided per the policy, the check box should be checked as Yes and the effective date should be listed.
 - Complete the **Supplemental Life** section's effective dates for each line of coverage being elected. This is the date the coverage will go into effect per policy waiting periods.

Completing the Securian-MN Life Evidence of Insurability Form

Employee's Responsibility

Employee Information Section

Complete this section in its entirety.

- First Name/MI/Last Name
- SSN/Employee ID
- Gender
- Street address/City/State/Zip code
- Annual salary
- Date of birth
- Date of employment

Spouse Information Section

Complete this section in its entirety, if electing spouse coverage that requires underwriting.

- Spouse's First Name/MI/Last Name
- Spouse's SSN
- Spouse's date of birth
- Spouse's gender

Children Information Section

Complete this section in its entirety, if electing child coverage that requires underwriting.

- Name of each eligible child
- Date of birth for each eligible child

Health Questions

In this section, **all health questions MUST BE COMPLETED** with Yes or No checked for each coverage type that requires underwriting. An employee and spouse must also list their height and weight as well as the spouse's occupation. If Yes is checked for any question, details can be provided in the Additional Health Information section.

Signature Line

- Evidence of Insurability form ***MUST be signed and dated by employee.***
- If electing spouse coverage, form ***MUST also be signed and dated by spouse***

NOTE: Evidence of Insurability forms must have a "wet" signature. Electronic signatures are not valid.

Employer's Responsibility

Verification

- The employer will make sure the following items are completed **prior** to sending. This is to ensure that the correct amounts are sent to underwriting:
 - Verify that the employee's hire date and annual salary is listed correctly;
 - Review to make sure all applicable sections are completed by the employee (as noted above);
 - ***IMPORTANT: Complete the FOR OFFICE USE ONLY section.*** To complete this, the employer **must** indicate the following for each type of coverage elected:
 - **Current in force:** This is the amount of life insurance currently in force. This can include any current coverage and coverage that was provided on a guaranteed issue basis.
 - **U/W applied for:** This is the amount that will be underwritten by Minnesota Life. Please be sure to include **ONLY** the amount of life coverage that needs to be underwritten.

FOR OFFICE USE ONLY:

Employee		Spouse		Children	
Current in force	U/W applied for	Current in force	U/W applied for	Current in force	U/W applied for
\$	\$	\$	\$	\$	\$

POLICY NUMBER:

Once all information is verified, please return all forms to Ochs, Inc. for processing:

Mail: Ochs, Inc.

400 Robert Street North, Suite 1880

St. Paul, MN 55101

Fax: 651-665-3791

Email: ochs@ochsinc.com

NOTE: any missing information will result in a delay of processing the underwriting request.



If you have any
questions,
contact Ochs at
1-800-392-7295