

Group Accidental Death and Dismemberment Insurance Employee and Family Enrollment

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • 18-3789 • St. Paul, Minnesota 55101-2098

Employer name Casa Grande Elementary School District		Policy number 33992	
Employee name	Social Security number		Date of birth
Street address	City	State	Zip code
Date employed			

<input type="checkbox"/> I would like to enroll in the Employee Plan OR <input type="checkbox"/> I would like to enroll in the Family Plan	Total amount of voluntary AD&D insurance requested \$ _____ Effective Date: _____
--------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

I understand that Minnesota Life Insurance Company shall incur no liability until the first premium is paid, and that premiums for the contributory insurance will be deducted from my pay.

Applicant signature X	Daytime telephone number	Date signed
---------------------------------	--------------------------	-------------

02-30431

EdF75152 7-2011