Group Life Employee Enrollment
Internal Tracking Form

Employer-Paid Life Insurance

Completing Your **GROUP LIFE ENROLLMENT FORM** 1. **Fully complete** each section 2. **Sign and date** Authorization Section 3. **Return** to your Employer's Human Resources Dept.	❑ **NEW ENROLLMENT** ❑ **CHANGE IN ENROLLMENT**
Name of Employer	

1. PERSONAL DATA:

Last Name		First Name	M.I.
Date of Birth	Gender ❑ Male ❑ Female	Social Security No.	
Street Address	City	State	Zip Code

2. AUTHORIZATION:

- I hereby certify that all information furnished is true to the best of my knowledge.
- I authorize my employer to give to the life insurance carrier information about my employment and insurance benefit eligibility.

Employee's Signature	Date

3. EMPLOYER SUPPLIED INFORMATION:

Date of Full-Time Employment	No. Hours Worked Per Week
Department	Title/Position
❒ EXEMPT: Dept Mgr/Leadership Annual Salary $_____ Life Ins. CLASS Code __3__	❒ NON-EXEMPT: Regular Employee Life Ins. CLASS Code _____ 5 - 9

Employer to input Life Ins. Class Code in payroll system.

4. COMMENTS: