

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-Credentialed

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 Single Hourly
 Female Married 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