



# Group Life Insurance Application

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### GROUP LIFE BENEFICIARY DESIGNATIONS

Date of Hire:	<input type="checkbox"/> Original Designation*	<input type="checkbox"/> Change of Beneficiary
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Annual Salary:	Is Optional Insurance Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No No. x's Salary ____ (1-10)
Primary Beneficiary:		Relationship:
Address:		
Contingent Beneficiary		Relationship:
Address:		

\*I hereby apply for insurance under group policy issued by Minnesota Mutual Insurance subject to all the terms, conditions and provisions of said policy. If a contribution towards the premium is required, I authorize the necessary deductions from my earnings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MINNESOTA LIFE INSURANCE COMPANY**

### TRAVEL ACCIDENT INSURANCE

If you would like your beneficiary designations to be the same for the Travel Accident Insurance, please check this box:  and initial \_\_\_\_\_.

**AIG LIFE INSURANCE COMPANY**

**POLICY #GTP0009044626**