MINNESOTA LIFE

LIFE POLICY NUMBER: 34638

EMPLOYER NAME: City of Tyler

- 1. Please complete Group Life Evidence of Insurability for coverage that is not guaranteed.
- 2. Return completed and signed form to your Benefits Office.

A. EMPLOYEE INFORMATION				
First Name	Middle Initial I	_ast Name		
		T		T
Street Address		City	State	Zip Code
Date of Birth (Month, Day, Year)	Social Security Number	Date of Employment	Salary	Gender
bate of birth (Month, bay, rear)	Social Security Number	bate of Employment	Salary	
B. BASIC LIFE				☐ Male ☐ Female
DI DIGICENE				
Amount \$	Insurance Class: Effective I			ate:
0 0110015045017411155				
C. SUPPLEMENTAL LIFE				
Employee	□Increase		rand	Effective
Current Amount \$	_ Amount \$_	To	otal \$	Date
	□Decrease			
Spouse	□Increase		rand	Effective
Current Amount \$	_ Amount \$_ □Decrease	To	otal \$	Date
Child Current Amount \$	□Increase Amount \$	G To	rand otal \$	Effective Date
σων σων σων σ	□ Decrease			
D. CDOUGE INTODIALEIGN				
D. SPOUSE INFORMATION First Name Middle Initial Last Name				
riist Naiile	iviluale iliitiai	Last Name		
Date of Birth (Month, Day, Year)	Is your spayed also an amployed sovered under this plan? Vos No			Gender
	Is your spouse also an employee covered under this plan? Yes No		☐ Male ☐ Female	
E. CHILDREN INFORMATION – (List names and date of birth for your eligible children)				
			·	
F. AUTHORIZATION				
I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance				
coverage.				
Employee Signature	Daytin	ne Telephone Number Ev	vening Telephone Number	Date Signed