



Employee Enrollment Form

Return to:
 GRCC Benefits Office
 2nd Floor, Admin Building
 DeVos Campus
 143 Bostwick Ave NE
 Grand Rapids, MI 49503-3295

EMPLOYEE INFORMATION			
NAME OF EMPLOYER Grand Rapids Community College			GROUP NUMBER 026168
NAME OF EMPLOYEE (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY #	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS OF EMPLOYEE (STREET, CITY, STATE, ZIP CODE)		U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO-(SEE <input checked="" type="checkbox"/> BELOW)	DATE OF BIRTH EMPLOYMENT DATE
JOB TITLE	JOB DUTIES	HOURS WORKED PER WEEK	ANNUAL SALARY

COVERAGE(S) ELECTED
BASIC LIFE/AD&D* Employees applying for coverage amounts in excess of the Basic Coverage Non-Evidence Amount will be required to submit Evidence of Insurability.
FACULTY SUPPLEMENTAL LIFE* Amount \$ _____ Choice of \$1,000, \$5,000, \$10,000, or \$20,000 Employees increasing Supplemental Life coverage or applying for coverage in excess of the Supplemental Non-Evidence Amount and late enrollees will be required to submit Evidence of Insurability.
*Beneficiary designation is below. <input checked="" type="checkbox"/> If an enrollee is not a United States citizen, please attach a copy of his or her Visa.

Beneficiaries: * (If you are married, a primary beneficiary designation of someone other than your spouse may not be effective under your state law. Please consult with your legal advisor before making such a designation.)

YOUR DEATH BENEFITS ARE TO BE PAID TO: PRIMARY BENEFICIARY(IES)			IF PRIMARY BENEFICIARY(IES) IS/ARE NOT LIVING AT THE TIME OF YOUR DEATH, BENEFITS ARE TO BE PAID TO: SECONDARY BENEFICIARY(IES)		
NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP	PERCENT OF BENEFIT	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP	PERCENT OF BENEFIT

(Primary beneficiaries total =100%)

(Secondary beneficiaries total =100%)

EMPLOYEE COVERAGE AUTHORIZATION

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits. This warning applies to the following states: Alabama, Alaska, Arkansas, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming.

By signing this Application I understand and agree that:

- I authorize my Employer to make any required deductions, if any, from my salary to pay the premium of my insurance coverage in effect.
- All statements and answers I have given are complete and true to the best of my knowledge and belief.
- Coverage is not in effect until final approval is given by Madison National Life Insurance Company, Inc.
- No person, except an officer of Madison National Life, is authorized to vary or modify a contract.

Employee/Applicant Signature

Date

Frequently Asked Questions

Should I name a minor child as a beneficiary?

You may name a minor child as a beneficiary, however please be aware that we cannot make payment of a claim directly to a minor.

How would I name a Charitable Organization as a beneficiary?

A charitable organization that is not your employer may be named as a beneficiary. You will need to indicate the name of the charitable organization, a contact for the organization, their tax identification number, and the percentage of the benefit that would be payable to them.

How do I name my Estate as the beneficiary?

You may name your estate as a beneficiary. To name your estate as the beneficiary indicate "My Estate" as the beneficiary. If you know who will be the executor or administrator of your estate you should also include that person's name. For example: My Estate, John Doe Executor.

How do I name a Trust as the beneficiary?

You may designate a trust as a beneficiary. To name a trust as a beneficiary, indicate Trustee (show Name and address), Trust Agreement Dated (show date). If the trust has a tax identification number that will need to be supplied in place of the social security number. For example: Jack Doe Irrevocable Trust, Jill Doe TTEE UTA 1/1/04.