Enrollment Application for Virginia Retirement System Optional Group Life Insurance - Virginia Retirement System-39



Minnesota Life Insurance Company - a Securian Financial company
Richmond Branch Office • 1051 E Cary Street • Suite 702 • Richmond, VA 23219-1193
1-800-441-2258 • Fax 804-644-2460

Employer code (5 digits)	Employer name				Employee's annual salary		
		ei ilaille	Harrie			Employee's annual salary	
1 - EMPLOYEE INFORMATI							
Social Security number	Name (I	last, first, middle initial)			Date of birth (mo/day/yr)		
Street address		City			State	Zip code	
Sex Male Marital Married Status Single		Age Employment date (mo/day/yr)		Payroll frequency			
2 - ELECTION OF INSURAN	CE AMC	DUNTS					
I wish to insure myself $\ \square$ and	d 🗌 my	spouse a	nd \square my child	d(ren).			
Sign and date section 4, Payı	oll Dedu	ction Aut	horization.				
OPTIONAL INSURANCE AMOUNTS							
<u>Option</u>	<u>Spouse</u>			Child(ren)			
<u> </u>	1 X S			\$10,000			
<u> </u>	X Salary 1.0 X Salary X Salary 1.5 X Salary			\$10,000			
□ 3				\$20,000			
<u> </u>		Salary 2.0 X Salary			\$30,000 \$30,000 \$30,000 \$30,000		
□ 5	5 X S	alary 2.0 X Salary					
□ 6 □ 7							
□ 7 □ 8	7 X S						
□ 8	8 X S	alary	2.0 X	(Salary	φ,	30,000	
If the option you elected will por Insurability form (EOI). You 8. Optional amounts of insura are not provided. If you and you long to be a so, or within 31 eligible dependents you substitute of the son of the	ir spouse ince in ex our spou is eligibl days imr	e must als xcess of S ise are in le for cov nediately	so complete ar \$800,000 for a sured as empl erage as a spo thereafter, you	n EOI form if y n employee a oyees under ouse. If you d	you electo and \$400, the Basic o not app	ed options 2 through 000 for a spouse VRS Group Life bly when you are first	
3 - DEPENDENT INFORMAT	TION						
See reverse side for definition of	of Eligible	Depende	ents (eligibility n	nust be verified	d by Empl	oyer's Representative)	
How many children do you ha	ave who	are less t	han 21 years	of age?			
How many children do you ha	ave who	are age 2	21 to 25 and w	ho are curren	tly full-tim	ne students?	
List information about your sp	ouse an	d young e	est child below	<i>l</i> :			
Name (last, first, middle initial)	Relation	ship	Sex	Social Security	y number	Date of birth (mo/day/yr)	
		Spouse	Male Female		,	, ,	
	Younge	est Child	☐ Male				

Securian Financial is the marketing name for Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company.

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I hereby authorize my Employer to deduct from insurance amounts indicated above. I understa					
annual salary change.	na mat me deduction amount mil shan	go ao my ago ana			
Signature		Date signed			
X					
5 - STATEMENT BY EMPLOYER'S REPRESENTATIVE					
I certify that I believe the statements made herein are true and accurate, as disclosed by the records of this office, and the Social Security Number and Annual Salary are correct as entered.					
Employer's representative	Title	Date signed			
X					

ELIGIBLE DEPENDENTS

The following persons are eligible to be insured under the Virginia Retirement System Optional Group Life Insurance Plan:

· the employee's spouse, and

4 - PAYROLL DEDUCTION AUTHORIZATION

- the employee's unmarried, natural, or legally adopted children* who are not self-supporting, and
- the employee's unmarried step-children* who live full-time with the employee in a parent-child relationship and can be claimed as a dependent on the employee's Federal income tax return, and
- any other children* if they are in the permanent court-ordered custody of the employee.
- * Children 15 days old or older, but have not attained the age of 21, or have not attained the age of 25 if a full-time student in a accredited educational institution or of any age if such child is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who is chiefly dependent on the insured for financial support and maintenance.

Beneficiary Information

The employee can name more than one primary beneficiary to share in both Basic and Optional life insurance, or name a different beneficiary for each benefit. The employee is the beneficiary for the Optional Group Life Insurance on the employee's spouse and children.

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