

Standard Life and Accident Insurance Company Enrollment Form

Hand Print – Black Ink Only
This is an electronically processed form. Please PRINT in the boxes in capital letters: ABCDEFG...12345 DO NOT TOUCH LINES

Group Name	Req. Eff Date MO / DD / YEAR	Hire Date MO / DD / YEAR				
Last Name (Primary Insured)	First Name	MI	M/F	MO / DD / YEAR	AGE	SSN
Last Name (Spouse)	First Name	MI	M/F	MO / DD / YEAR	AGE	SSN
Last Name (Dependents)	First Name	MI	M/F	MO / DD / YEAR	AGE	Student Y/N
Address						Work Phone
City	State	Zip	-		Home Phone	Payment Mode Group Payroll Deduction
Type of Coverage	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Children	<input type="checkbox"/> Employee + Family		

Please indicate yes in student status at left for full time students between age 19-25.

- New Application
- Additional Insured
- Delete Insured

Plan Design Code _____
Monthly Premium _____

