

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 <input style="width: 100%; height: 20px;" type="text"/>	Req. Eff Date MO / DD / YEAR <input style="width: 100%; height: 20px;" type="text"/>	Hire Date MO / DD / YEAR <input style="width: 100%; height: 20px;" type="text"/>				
Last Name (Primary Insured) <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>	MI <input style="width: 20px; height: 20px;" type="checkbox"/>	M/F <input style="width: 20px; height: 20px;" type="checkbox"/>	MO / DD / YEAR <input style="width: 100%; height: 20px;" type="text"/>	AGE <input style="width: 20px; height: 20px;" type="text"/>	SSN <input style="width: 100%; height: 20px;" type="text"/>
Last Name (Spouse) <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>	MI <input style="width: 20px; height: 20px;" type="checkbox"/>	M/F <input style="width: 20px; height: 20px;" type="checkbox"/>	MO / DD / YEAR <input style="width: 100%; height: 20px;" type="text"/>	AGE <input style="width: 20px; height: 20px;" type="text"/>	SSN <input style="width: 100%; height: 20px;" type="text"/>
Last Name (Dependents) <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	MI <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	M/F <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	MO / DD / YEAR <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Student Y/N <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>
Please indicate yes in student status at left for <u>full time</u> students between age 19-25.						
<input type="checkbox"/> New Application						
<input type="checkbox"/> Additional Insured						
<input type="checkbox"/> Delete Insured						
Address <input style="width: 100%; height: 20px;" type="text"/>	Work Phone <input style="width: 100%; height: 20px;" type="text"/>		Payment Mode Group Payroll Deduction			
City <input style="width: 100%; height: 20px;" type="text"/>	State <input style="width: 20px; height: 20px;" type="text"/>	Zip <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>				Home Phone <input style="width: 100%; height: 20px;" type="text"/>
Type of Coverage <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Employee + Family						

Plan Design Code _____

Monthly Premium _____

