

**First Reliance Standard Life Insurance Company**

**Group Enrollment Card**

EMPLOYER SECTION

(1) Policyholder		(2) Policy No.	
(3) Location	(4) Full Time Employment Date		(5) Class
(6) Hours Per Week	(7) Occupation	(8) Salary \$	<input type="checkbox"/> Hrly. <input type="checkbox"/> Mthly. <input type="checkbox"/> Wkly. <input type="checkbox"/> Yrly.

EMPLOYEE SECTION

(9) Employee's Last Name		First	Middle Initial
(10) Employee's Birth Date	(11) Social Security Number		(12) Sex
month      day      year			<input type="checkbox"/> Male <input type="checkbox"/> Female
(13) Beneficiary(ies) Full Name(s)	Relationship		% of Proceeds

SEE REVERSE SIDE FOR DECLINATION OF INSURANCE

(14) I request to purchase the following Group Insurance Coverages:  
 Weekly Income     Long Term Disability     Life/AD&D     Supp. Life

I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. This signature is also to verify (1) the accuracy of the information contained on this card; and (2) the beneficiary(ies) I have designated.

**FRAUD WARNING:** (Not applicable to life insurance) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYEE**