



New Enrollment

Change

Lansing Community College Group Life & LTD

Employee Enrollment/Change Form

1 Social Security #		Employee Name (Last, First, Middle Initial)		
2 Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
3 Beneficiary(ies) Designation				
Last Name	First Name	M.I.	% (Paid equally unless noted otherwise)	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
If all the above beneficiaries are not living, then pay:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Statement-Signature			Date	
4				
I request coverage under my employer's group insurance plan as noted above. I also verify the accuracy of items 1 through 3. Furthermore, I authorize my employer to deduct from my earnings any payments, if applicable, for this coverage.				
If I have declined all or portions of the employee coverages, I understand that The Hartford Insurance Company has the right to acquire, at my expense, evidence of insurability in order to consider my request to change this decision, and that my request may be denied.				
Signature _____			Date _____	
Employer Section				
Employee Group	Annual Earnings	Monthly Earnings		
Employment Date	Basic Life/AD&D	Witness		
Effective Date				