

**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
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1 - EMPLOYEE INFORMATION

Social Security number	Name (last, first, middle initial)	Date of birth (mo/day/yr)	
Street address	City	State	Zip code
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single	Age	Employment date (mo/day/yr)
		Payroll frequency	

2 - ELECTION OF INSURANCE AMOUNTS

I wish to insure myself and my spouse and my child(ren).
Sign and date section 4, Payroll Deduction Authorization.

OPTIONAL INSURANCE AMOUNTS

Option	Employee	Spouse	Child(ren)
<input type="checkbox"/> 1	1 X Salary	.5 X Salary	\$10,000
<input type="checkbox"/> 2	2 X Salary	1.0 X Salary	\$10,000
<input type="checkbox"/> 3	3 X Salary	1.5 X Salary	\$20,000
<input type="checkbox"/> 4	4 X Salary	2.0 X Salary	\$30,000
<input type="checkbox"/> 5	5 X Salary	2.0 X Salary	\$30,000
<input type="checkbox"/> 6	6 X Salary	2.0 X Salary	\$30,000
<input type="checkbox"/> 7	7 X Salary	2.0 X Salary	\$30,000
<input type="checkbox"/> 8	8 X Salary	2.0 X Salary	\$30,000

If the option you elected will provide insurance of an amount which does not exceed either: (a) \$400,000, or (b) four times your annual earnings when elected within 31 days of the start date of your employment, Evidence of Insurability (EOI) is not required. For amounts elected within 31 days of the start date of your employment which provide an amount of insurance of either (a) \$400,000 or higher, or (b) four times annual earnings or higher, you must complete an EOI form. Your spouse must also complete an EOI form if you elected a spouse coverage option higher than option 1. Optional amounts of insurance in excess of \$975,000 for an employee and \$487,500 for a spouse are not provided. If you and your spouse are insured as employees under the Basic Virginia Retirement System Group Life insurance plan, neither of you is eligible for coverage as a spouse. If you do not apply when you are first eligible to do so, or within 31 days immediately thereafter, you must complete an EOI for yourself and eligible dependents you subsequently elect to insure.

3 - DEPENDENT INFORMATION

See reverse side for definition of Eligible Dependents (eligibility must be verified by Employer's Representative).

How many children do you have who are less than 21 years of age? _____

How many children do you have who are age 21 to 25 and who are currently full-time students? _____

List information about your spouse and **youngest** child below:

Name (last, first, middle initial)	Relationship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number	Date of birth (mo/day/yr)
	Your Spouse			
	Youngest Child	<input type="checkbox"/> Male <input type="checkbox"/> Female		

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

4 - PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize my Employer to deduct from my compensation the amount necessary to provide the insurance amounts indicated above. I understand that the deduction amount will change as my age and annual salary change.

Signature X	Date signed
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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 X	Title	Date signed
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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
- 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.