



Minute Men HR Insurance Agency

☐ New Enrollment

☐ Change

EMPLOYEE ENROLLMENT FORM

Bill Group

Effective Date

Company Name:		
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EMPLOYEE INFORMATION

Last Name	First Name	MI	Social Security #	Hire Date	
Date of Birth	Gender	Street Address	City	State	Zip
Phone Number	Email	Annual Salary			

OPTIONAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Employee Only Elect <input type="checkbox"/> Waive Coverage <input type="checkbox"/>	Spouse Elect <input type="checkbox"/> Waive Coverage <input type="checkbox"/>	Child(ren) Elect <input type="checkbox"/> Waive Coverage <input type="checkbox"/>	Child(ren) OPTIONS (Choose One)
\$10,000 increments to maximum of the lesser of 5 times salary or \$150,000	\$5,000 increments to maximum \$75,000, not to exceed 50% of employee benefit	Under 15 Days: \$100 15 days - 6 months: \$1,000 6 months + (See Options) Not to exceed Spouse's benefit. Child limit age 26	\$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>

Life Election Amount:	Life Election Amount:
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PRIMARY BENEFICIARY INFORMATION

Relationship	Share %	First name		Last Name		DOB	SS#

CONTINGENT BENEFICIARY INFORMATION

Relationship	Share %	First name		Last Name		DOB	SS#