RELIANCE STANDARD
Life Insurance Company

Enrollment/Change Form

Please print and complete <u>all</u> sections. See instructions below.

EMPLOYER INFORMATION			
Employer Name	**Group Number**	**Location (City, State)**	**Effective Date**

EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (Employee or subscriber)	First Name	M.I.	Date of Birth	Social Security Number

Home Street Address	City/State/Zip	Home Phone ( )	Work Phone ( )

Amount of Earnings ☐ Hr. ☐ Wk. ☐ Mo. ☐ Yr.	Full-Time Employment Date	Employee's Occupation:	Employee Insurance Amount:
$_____	____ MO. ____ Day _____ Yr.	_____	$_____

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)

☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (spouse)	First Name	M.I.	Date of Birth	Social Security Number	Insurance Amount
☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number	Insurance Amount
☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number	Insurance Amount

Beneficiary For Employee

☐A ☐C		Last Name	First Name	M.I.	AGE	Relationship to Employee
	Primary	_____	_____	____	_____	_____
	Contingent	_____	_____	____	_____	_____

Benefits will be paid first to the Primary Beneficiary(ies). If that person(s) is deceased, benefits will be paid to the Contingent Beneficiary(ies). (Legal appointment of guardian is required if minor is named as beneficiary.) If no beneficiary survives, payment shall be made in accordance with the terms of the policy.

The Insured Spouse's and Insured Child's beneficiary is the Employee. If the Employee is not living on the date of the Insured Spouse's or Insured Child's death, the beneficiary is the Employee's estate.

Instructions

Employer name: Legal name of the employer.
Group Number: Provided by RSL or RSL representative.
Location code: Optional field for employers to track multiple locations.
Effective date: Date set by employer in accordance with RSL proposal. Employer also sets effective date for new adds during contract period.

Family Information: List only eligible family members who are enrolling.
(A) Add: Open (group) enrollment or new (individual) enrollment during the contract period.
(T) Terminate: To terminate enrollment.
(C) Change: A change of name (Provide Insured's or Beneficiary's former Name), employee address or employee phone.

Employee Signature: _____ Date: _____