

**Use this form for cases that offer basic coverage only**

Instructions: Complete both pages. Type or print with ballpoint pen. The employee and the policyholder must each receive a copy of the completed Group Enrollment Card.

<b>Reliance Standard Life Insurance Company</b>			<b>Group Enrollment Card</b>		
<b>Employer Section</b>	(1) Policyholder			(2) Policy No.	
	(3) Location	(4) Full Time Employment Date		(5) Class	
	(6) Hours Per Week	(7) Occupation	(8) Salary \$	Hrly. Wkly.	Mthly. Yrly.
<b>Employee Section</b>	(9) Employee's Last Name			First	Middle Initial
	(10) Employee's Birth Date month    day    year		(11) Social Security No.	(12) Sex	Male Female
	(13) Beneficiary(ies) Full Name(s)		Relationship	% of Proceeds	
<b>See Reverse Side For Declination of Insurance</b>	(14) I request to purchase    Life/AD&D    Weekly Income			Long Term Disability	
	(15) 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.				
_____ Employee Signature			_____ Date		
LRS-8387-1188			Basic		

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**Declination of Group Insurance Coverage**

(17) Employee's Last Name

First

Middle Initial

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(18) **This Coverage Can Be Declined Only If You Pay Part Or All Premiums**

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(19) I have been offered and have declined to purchase the following Group Insurance

Coverages:

Life/AD&D

Weekly Income

Long Term Disability

I understand that in the event I desire such insurance at a later date: (1) I will be required to furnish evidence of insurability for myself at my own expense; and (2) the insurance company will have the right to refuse my request.

Employee Section  
Complete if Declining  
Group Insurance Coverage

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Employee Signature

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Date