



BENEFICIAL LIFE

ENROLLMENT APPLICATION & BENEFICIARY DESIGNATION FOR GROUP INSURANCE

Original Application
Amended Application

Employer Policy Number Effective Date Insurance Amount

Last Name First Name Middle Initial Date of Birth (MM/DD/YY) Male Female Spouse & Child Coverage: Yes No

Social Security Number Street Address City State Zip Code

Marital Status Married Single Widowed Divorced Spouse's Name Spouse's Date of Birth No. of Dependent Children

Name of Employee's Primary Beneficiary (Example, Helen Doe not Mrs. John Doe) Relationship of Beneficiary

Street Address of Beneficiary City State Zip Code

Name of Employee's Contingent Beneficiary Relationship of Beneficiary

Street Address of Contingent Beneficiary City State Zip Code

Waiver of Life Insurance

I choose not to participate in the group life insurance benefits which have been offered to me and hereby waive such coverage. I understand that I may later apply for these benefits upon proper qualification and the furnishing, at my own expense, of satisfactory evidence of good health.

Signature of Employee

Date

Election to Participate

I hereby elect to participate in the group life insurance plan made by my employer/association with the Beneficial Life Insurance Company and I hereby authorize deduction from my wages, salary or other authorized payment methods for the contributions, if any, required of my for the insurance. I understand, subject to the definitions of the terms "Actively at work" and "effective date of insurance" as found in the Master Group Policy, this insurance is to be in force as of the effective date, provided I am actively at work on that date.

Signature of Employee

Date