

Voluntary Products Enrollment Form Required Data Elements

The following is a list of the most commonly missed items that will slow down the processing of your application.

Employer Information

- Group Number and Group Name

Section 1 - Employee Information

- Social Security Number
- Date of Birth
- Gender
- Full-Time Date of Hire
- Hours Worked per Week
- Salary amount and payment increments – required for Disability Coverage(s)

Section 2 – Voluntary Coverage(s)

- Elect appropriate coverage boxes
- Indicate Coverage Amount(s)
- If Disability coverage elected, be sure to answer the disability questions.

Section 3 - Acknowledgement

- Verify the Employee Signature

Section 4 – Dependent(s) To Be Covered

- Provide Name, Social Security Number and Date of Birth for dependents that will be covered

Section 5 – Employee Beneficiary Designation

- Beneficiary information not required for application processing. However, information should be on file with Employer for claims processing purposes.

Do not submit this form with the application

