

Life Insurance Benefits Enrollment Form

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Social Security Number

Employment Information

Employee ID

Department

Position/Title

Date of Hire

Coverage Selection

Select Coverage Amount

If Other, specify amount

Beneficiary Information

Primary Beneficiary Name

Relationship

Percentage (%)

Contingent Beneficiary Name

Relationship

Percentage (%)

Authorization

Signature

Date