



Employee Enrollment Form

3		3	onderwingen	by KANSAS	CITY LII	FE INSURAN	NCE CO	MPANY	U N	lew 🔲 F	vehia	cement _	_ Chang	Certificate
	Group #								Req	uested Ef	fective	e Date		
	Last Name				Firs Nar		irst lame				Middle Birth Date			
Age			Male	Height		Weight		Social Security #			Cell/Home Phone			
)	Street						City				State ZIF		P Code	
)	Employer					Location				Occupatio				
Salary \$		Hourly Bi-W Weekly Mon			eekly thly _ Annually		Weekly Hours Worked		Work Phone/Ext	Work Phone/Ext.		Hire Date		
)	Payroll [Deductio	n Frequency:	☐ Weekly	☐ Bi-'	Weekly [☐ Semi	-Monthly	Monthly					
	-		pecific amounts for the appropriate				•	_		•				
)			Life Amo					TD Amoun				LTD Am	ount	
		N/I/D	Benefit Amour		remium	N/I/D		efit Amount	Premium	N/I/D	Ве	enefit Amoun		Premium
mployee		\$		\$	\$		\$		\$		\$		\$	
np. AD&D			\$		\$		Weekly					Monthly		
pouse			\$	\$		Benef	Benefit Period:				Benefit Period:			
ou	se AD&D	0 10			Flimin	nation Period: Elimination Period:								
nile	d(ren)		\$ 10,000 / AD&I	\$	1\$				in multiples of \$25 ι					
)		8, 9 and 10 pertain to Spou Name			Age			Sex	Place of Birth			Weight Last 4 digits		digits SS
_	use													
hil														
hil	a													
<u> </u>		u or you	r spouse used tob	acco produc	ts in the	last year?	Emplo	vee: 🔲 Ye	es □ No S	Spouse: [⊒Ye	s 🗖 No		
)	Have yo	ll propos	r spouse used tob sed insured emplo posed insured be	yee/spouse/	child(ren) actively at	work in	-	nomemaker, or fu	Spouse: [□No	
)	Have you	Il propos any pro	sed insured emplo	yee/spouse/ en hospitaliz	child(ren ed or dis) actively at abled in the	work in a	a job, as a l	nomemaker, or fu Yes 🔲 No	ıll time stu	ident?	P ☐ Yes		
bse	Have you a.) Are a b.) Have Beneficia Beneficia	any pro any pro ary Nam ary Nam	sed insured emplo posed insured be e e wers in this enrollment	en hospitaliz	child(ren) actively at abled in the	work in a past 30	a job, as a d	nomemaker, or fu Yes	Relation	ship ship	Yes		
ose for ders efit. tify ins plar n 9	Have you a.) Are a b.) Have Beneficia Ben	any pro any Nam ary Nam d, my ansi ance is in pre-existin other incor alties of pe	sed insured emplo posed insured be e e	en hospitalize form shall be cod/or benefits will erally not covered receive may at the Social Sected date of the pa	eemed replaced under the fect my consurrity Numbers of the deductions of the fect of the f	abled in the abled in the abled in the according to a coverage(s) a verage and I shows shown on the cover sh	work in past 30 and not war the facts. pplied for lould read this enrollmon signed	a job, as a days? ranties. If any and I should r my Certificate then form is coby me, provid	nomemaker, or fu Yes No % % / data has been miss ead my Certificate for for more detailed inf	Relation Relation a more detaormation reg	ushiporrect dailed expanding	ata will be used uplanation of the the effect other am not subject liment form with the transport of the tra	ed to determine pre-exister income in to backup thout any m	nine if insuring exclusion may have consideration
bse for ders efit. rtify ins plan	Have you a.) Are a b.) Have Beneficia Ben	any pro any Nam ary Nam d, my ansi ance is in pre-existin other incor alties of pe	sed insured employposed insured be e wers in this enrollment force, the premium an g conditions" are gene that I am entitled to bright that the portion of all be in force as of the in, and, further provider will become effective.	en hospitalize form shall be cod/or benefits will erally not covered receive may at the Social Sected date of the pa	eemed replaced under the fect my consurrity Numbers of the deductions of the fect of the f	abled in the abled in the abled in the according to a coverage(s) a verage and I shows shown on the cover sh	work in past 30 and not war the facts. pplied for lould read this enrollmon signed	a job, as a days? ranties. If any and I should r my Certificate then form is coby me, provid	nomemaker, or fu	Relation Relation a more detaormation reg	ship ship and late e e errol date h	ata will be used	ed to determine pre-exister income in to backup thout any m	nine if insurating exclusion may have or withholding addification a