



KANSAS CITY LIFE
INSURANCE COMPANY

RETURN TO THE: Payroll/Finance Department
This form stays in the HR file.

ENROLLMENT FORM FOR (BGTL) Basic Group Term Life Insurance
Use Ink or Type

Policy #: **GL-25999**
and **GL-25999A**

A. Employee Information (Complete for ALL Enrollments)

Employer Name/Company Name County of Sumner (Sumner County Gov and Sumner County Hwy)	Department	Work Phone
	Work email	Work Cell
Last Name, First Name MI	Date of Birth	Social Security Number
Street Address, City, State, Zip		Personal email
<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Home Phone Personal Cell

Completed By Employer

Effective Date	DOH (Full-Time)	Occupation(Job Title)
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B. Product Selection (Complete for ALL Enrollments)

1 x Salary to \$100,000 - Basic Group Term Life (BGTL) and Accidental Death & Dismemberment (AD&D) Yes No

C. Beneficiary Information for the Basic Group Term Life (BGTL) and Accidental Death & Dismemberment (AD&D)

Primary Beneficiary's Last Name, First Name MI	Relationship of Beneficiary	Social Security Number	% or amount
Street Address		City	State Zip
Primary Beneficiary's Last Name, First Name MI	Relationship of Beneficiary	Social Security Number	% or amount
Street Address		City	State Zip
Contingent Beneficiary's Last Name, First Name MI	Relationship of Beneficiary	Social Security Number	% or amount
Street Address		City	State Zip
Contingent Beneficiary's Last Name, First Name MI	Relationship of Beneficiary	Social Security Number	% or amount
Street Address		City	State Zip

If you need more room, please use the back of this enrollment form or attach a separate sheet of paper.
Note 1: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.
Note 2: If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This can mean court expenses for the beneficiary and delay in the payment of the death claim.
Note 3: You can change your Beneficiary at any time by completing a Change of Beneficiary form.

D. Signature (Complete for ALL Enrollments)

I hereby apply for group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. I reserve the right to revoke this deduction at any time on written notice.

Employee Signature

Date Signed