

RELIANCE STANDARD

Disability Insurance Application

Life Insurance Company a DELPHI company

Instructions:

Please print neatly in pen. Please carefully answer all the questions. Please retain a copy of this form for your records.

1) School/Church Name:	
2) School/Church Address:	
3) Employee's full name and mailing address:	
4) Full time hire date: N/A	
5) Job title:	
6) Hours worked per week:	7) Gross monthly wages: \$
8) Gender:	9) Social Security No.
10) Date of Birth:	

11) Request for Group Insurance Coverage

I request to purchase Group Disability Insurance Coverage with the benefit amount of \$_____ per month as described in the policy. I authorize my employer to deduct from my salary or wages the necessary premium for the coverage requested. The signature below also verifies the accuracy of the information contained on this form. My monthly cost is \$_____.

(Initial one of the boxes below)

(_____) I understand that any coverage will not become effective until and unless approved by RSL, and upon approval, any benefits payable are subject to the terms, conditions and limitations of the Group Disability Policy. I also understand that the amount of any payroll deduction may be adjusted based on underwriting changes or age changes that affect the rates charged.

OR.....

Declination of Coverage:

(_____) I have been offered and have declined to purchase this insurance. I understand that if I desire such insurance at a later date, I will be required to furnish evidence of insurability at my own expense AND Reliance Standard Life Insurance Company (RSL) will have the right to refuse my request.

Employee Signature: _____ Date: _____

Please sign, date and return enrollment form to your administrator.

School/Church Phone Number: _____
 Contact person name: _____