



SEANC INSURANCE DEPARTMENT
1621 Midtown Place
Raleigh, NC 27609

For SEANC Use Only:

Premium

Effective Date

MEMBER:

INFORMATION - Amounts in excess of the guaranteed issue limit are available. Please contact SEANC Insurance Office at 800-222-2758 or 919-833-6436.

Member Name (Last, First, Middle Initial)

Social Security # Department/Agency

Member Address

Date of Birth Age Sex (M or F) Date of Hire Occupation Avg. Hours Worked

INSURANCE SELECTION (complete appropriate section)

New Life Insurance

OR

Increase in Life Insurance

Member Life Insurance \$

Current Insurance \$

Additional Insurance Requested \$

Total Requested Insurance \$

Beneficiary Information - Name of Beneficiary Residential Address Date of Birth Social Security # Tel.# Relationship Benefit %

Primary

Primary

Cont. Beneficiary

Cont. Beneficiary

If more than one beneficiary is designated, the proceeds will be split equally unless otherwise indicated. Please complete as much beneficiary information as you can provide.

SPOUSE/DEPENDENT CHILDREN:

INFORMATION: Spouse/Dependent Child(ren)

Spouse Life Insurance YES NO

Dependent Child(ren) Life Insurance YES NO

Spouse Name

Dependent(s)

Spouse Date of Birth

Dependent Dates of Birth

The beneficiary for the spouse and dependent children is the member.

I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the group policy or group policies issued to SEANC by the Boston Mutual Life Insurance Company.

I understand that if I am disabled on the date my insurance would otherwise become effective, I shall only become insured on the date I return to active full-time work.

I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Member Date