

# TRUSTMARK LIFE INSURANCE COMPANY

## GROUP LIFE ENROLLMENT FORM

Entered Through ACE

**PLEASE PRINT**      **New Enrollment:**      **Enrollment Change:**

- Standard       Add Newborn  
 Medically U/W       Add Spouse

Employee's Name (Last, First, MI):		Social Security Number:	
Employee's FULL Address: (Street)		Phone Number:	
(City)	(State)	(Zip Code)	
Birth date:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married:    Date _____		
	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
Date of Full Time Employment:	Number of Hours Worked Per Week:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	
Life Benefit:	Base Annual Salary:	Occupation:	<input type="checkbox"/> hourly <input type="checkbox"/> salaried

**Beneficiary Designation:** (attach additional page if necessary)  
 Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you or your spouse smoked cigarettes, cigars, pipes or used tobacco in any form during the past 12 months?      Self:  Yes     No      Spouse:  Yes     No

<p><b>Coverages Applying for:</b> (Please Complete)</p> <p>Medical:      Employee Child(ren) Spouse    <input type="checkbox"/>    <input type="checkbox"/></p> <p style="padding-left: 100px;"><input type="checkbox"/> PPO/CO-PAY</p>	<p><b>Refusal of Coverages:</b> (Coverage can be declined only if you pay part or all of the premium.)</p> <p>Medical:      Employee Child(ren) Spouse    <input type="checkbox"/>    <input type="checkbox"/></p>
<p><b>I have been offered the above coverage and wish to decline enrollment for the following reason(s):</b></p> <p><input type="checkbox"/> Covered under another insurance plan  <input type="checkbox"/> Other (please explain): _____</p>	

For Dual Deductible Accounts, what deductible amount is chosen?    \$ \_\_\_\_\_

Any person who knowingly completes this application with false, misleading or incomplete information may be subject to civil and criminal penalties.

**THE INFORMATION ON THIS FORM SHALL REPLACE ANY PREVIOUSLY DATED FORMS THAT MAY BE ON FILE.**

\*Please Complete the Verification of Dependent Eligibility Form.

- Reinstatement  
 Special Enrollment (Please attach Certificate of Creditable Coverage)  
 Late Enrollment (Please attach Supplemental Enrollment Form)

**COMPLETE ONLY IF APPLYING FOR DEPENDENT COVERAGES:**

Dependent's Full Name	Sex	Relationship	Birth date	Full Time Student
	<input type="checkbox"/> female <input type="checkbox"/> male	SPOUSE		
	<input type="checkbox"/> female <input type="checkbox"/> male	<input type="checkbox"/> natural child <input type="checkbox"/> stepchild <input type="checkbox"/> other *		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> female <input type="checkbox"/> male	<input type="checkbox"/> natural child <input type="checkbox"/> stepchild* <input type="checkbox"/> other *		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> female <input type="checkbox"/> male	<input type="checkbox"/> natural child <input type="checkbox"/> stepchild* <input type="checkbox"/> other *		<input type="checkbox"/> yes <input type="checkbox"/> no

I wish to apply for all coverages listed for which I am eligible under the group contract. I authorize payroll deductions for my share, if any, of the costs of the coverages applied for. I understand that: in the event I desire at a later date, such coverages, previously cancelled or refused, I will be required to furnish a late enrollee form and may be subject to an 18 month pre-existing condition exclusion.

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date

**THIS CARD WILL NOT BE ACCEPTED BY TRUSTMARK LIFE UNLESS SIGNED AND DATED BY THE INSURED/EMPLOYEE. TO BE COMPLETED BY GROUP ADMINISTRATOR:**

Group#:	Division#:	Class:	Dept./Location Code:	Effective Date:
Group Name: _____				

Group Admin./Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ REVERSE SIDE FOR MORE IMPORTANT INFORMATION REGARDING YOUR RIGHT TO SPECIAL ENROLLMENT AND PRE-EXISTING CONDITION LIMITATIONS.**

TRUSTMARK LIFE'S COPY