

Group Term Life Application — Guaranteed Issue Offer



Please use this form to apply for **Guaranteed Issue** coverage during the enrollment period. The proposed insured should complete this application. *Please print clearly in dark ink and mail to Robert E. Miller Insurance Agency/ KUTEA, 373 West 101st Terrace, Suite 200, Kansas City, MO 64114. Phone: (800) 843-5513; Fax: (816) 799-0554.*

Benefits provided through the Kansas University Teachers and Employees Association (KUTEA).

Kansas University Teachers and Employees Association

**GL Policy #144200
VAR Policy #204292**

1

Tell us about yourself

Member Name (last, first, middle)

Date of Birth (month, day, year)

Social Security Number

Male Female

Are you currently working at least 17.5 hours per week at your regular occupation and place of business? Yes No

Billing Address

Address			City	
State	ZIP	Home Phone	Work Phone	E-mail Address
Campus Address				

Amount of coverage applied for (member):

Life Insurance Amount \$ _____ (maximum \$100,000)

Accidental Death & Disbursement (AD&D) Insurance Amount \$ _____ (maximum \$500,000)

Check box(es) to purchase (spouse coverage is available on a stand alone basis)

Dependent Spouse Life Insurance Amount \$ _____ (maximum \$50,000)

Dependent Spouse AD&D Insurance Amount \$ _____ (maximum \$250,000)

Spouse Name (last, first middle)	Date of Birth (month, day, year)
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Dependent Child Life Insurance Amount \$ _____ (maximum \$10,000)

Dependent Child AD&D Insurance Amount \$ _____ (maximum \$10,000)

Beneficiary information

2

Name	Address	Relationship	Percent
Primary			
Primary			
Contingent			

3

Read this information carefully, then sign and date below

- To the best of my knowledge and belief, the information I've provided is complete and correct.
- I understand that in the event I request to purchase such insurance at a later date: (1) I will be required to furnish evidence of insurability for myself (and any dependents, if such coverage is available) at my own expense; and (2) Reliance Standard Life Insurance Company will have the right to refuse my request.
- I understand my coverage begins on the "effective date" assigned by Reliance Standard.

Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.

Your Signature	Date Signed
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